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Chloramphenicol eye drops in OTC proposal

Ensure ETP
rollout is fair,
urges NPA

Part-timers
may quit over
fees and CPD

Shopfitting: get
ready for the
new contract





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Editor
Charles Gluckman, MRPharmS

News Editor
Gerty Paragouni, MRPharmS

Clinical Editor
Fiona Salvage, MRSC

Contributing Editor
Adrianne de Mont, MRPharmS

Marketing Editor
Sarah Thackray

News Reporter
Ashli Fowler, MRPharmS

Production Editor
Ray Jones, BA

Group Art Editor
Richard Cookson

Editorial Production Assistant
Rupert Lamford

Editorial Secretary
Jill Power
E-mail (tel) 01732 377000
(fax) 01732 377066
chemdrugupdate@information.com

Price List
Graham Long (Controller)
Damen Larkin (Data Manager)
Maria Locke
Price List (tel) 01732 377400
(fax) 01732 377559

Group Sales Manager
Quentin Gilman
pharmacyales@mpinformation.com

Sales Manager
Mark Walley

Classified Executive
Ulrich Thackray, BA

Advertisement Secretary
Elaine Steek
Advertising (tel) 01732 377000
(fax) 01732 377066

Projects and Price Service Manager
Patrick Cox, MRPharmS

Pharmacy Projects
Mary Probst
01732 377000

Production
Kathryn Feery

Publishing Director
John Jones

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Reclassifying chloramphenicol eye drops from POM to P status would enable patients suffering from bacterial conjunctivitis to obtain a safe and effective treatment quickly and easily, says the Department of Health



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NPA chairman Ash Soni has told health minister Rosie Winterton of his concerns that the introduction of electronic transfer of prescriptions might disadvantage pharmacies. He was speaking at the NPA's Triennial Chairman's Dinner in London (left)

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Switch for eye drops proposed

by **Asha Fowells**

afowells@cmpinformation.com

A consultation on whether chloramphenicol eye drops should be made available over the counter has been announced by the Medicines and Healthcare products Regulatory Agency.

Reclassifying the product from POM to P status would enable patients suffering from bacterial conjunctivitis to obtain a safe and effective treatment quickly and easily, said the Department of Health. Treatment courses would be restricted to five days and sales would not be allowed for infants under two years.

Applications for the switch were submitted to the MHRA by Galpharm International Ltd, Optrex Limited and The Boots Company Plc. Galpharm and Boots confirmed the OTC drops would require refrigeration.

If response to the consultation document ARM25 is favourable, pharmacists will be offered training materials to build on their existing knowledge, MHRA chairman Sir Alasdair Breckenridge said. There is no evidence that topical chloramphenicol leads to antibiotic resistance but resistance patterns would be monitored as a safeguard, the MHRA added.

Supporting the proposal, the Royal Pharmaceutical Society practice and quality improvement director David Preece said: "Pharmacists have long believed that making this product available from a pharmacy without the need for prescription would be a safe, effective and far more convenient route to treatment for the many patients who visit pharmacies every day with bacterial conjunctivitis."

Graham Brack, a Cornwall

pharmacist who supplies fusidic acid and chloramphenicol eye drops under patient group direction said he hadn't encountered any issues. Normal medical practice was to prescribe the product and ask the patient to return if no improvement was seen after two days, so it didn't matter who supplied the preparation, he said. Further, pharmacists could refer patients if they were unsure of the diagnosis, he added.

Comments, particularly views on the risk of misdiagnosis and advice for contact lens users and those who have had eye surgery should be sent to Amanda Lawrence, Room 14-152, Market Towers, 1 Nine Elms Lane, London SW8 5NQ or e-mailed to Amanda.Lawrence@mhra.gsi.gov.uk by January 20.

For more information:

www.mhra.gov.uk

NI sees pharmacists as excellent

Northern Ireland pharmacists and their counter staff are seen as excellent or good by 96 per cent of the public.

The survey, carried out by the Department of Health, Social Services and Public Safety, was to assess the level of public satisfaction with Northern Ireland's health and personal social services. Of the respondents, 96 per cent scored pharmacists and their staff as excellent or good compared to 94 per cent who were satisfied or very satisfied with GP services.

Welcoming the report, UCA president Paula McDaid said: "Our members will continue to be committed to providing top quality pharmacy services to the Northern Ireland public."

Policy

Talks on independent prescribing

The Department of Health has begun talks with stakeholders about independent prescribing for pharmacists and plans to launch a formal consultation in 2005.

The DoH said: "As part of the normal policy development process, departmental officials discuss options and issues with stakeholders and this approach has also been applied to work on independent prescribing for pharmacists."

Survey finds fees and CPD will deter part-timers

A survey suggests that increased fees and compulsory CPD will deter part-time pharmacists from practising.

A telephone survey of 636 part-timers found that 22 per cent would not be renewing their Royal Pharmaceutical Society membership next year. Of these, three quarters said they would reconsider their position were it not for the impact of increased fees (10 per cent) or CPD (14.3 per cent) or both (55 per cent).

A further tenth of part-time pharmacists intend to let their registration lapse in 2006 as a direct result of the fee increase (52 per cent), the onus of CPD (14.3 per cent) or the combination of both (33 per cent). The most common reason given for the reluctance to renew was the obligation they felt to honour confirmed bookings and the staged, rather than absolute, introduction of CPD record audit.

The Pharmacists' Defence Association, which conducted the telephone survey, said the numbers interviewed represented a statistically valid sample of its part-time registered membership.

While nearly two thirds said, unequivocally, that they would continue to practise, a quarter of this group expressed unsolicited negative views about the increase.

John Murphy, PDA's general manager, said: "The results indicate that the increase in retention fees is very likely to accelerate the departure of a group of pharmacists from the Register, many of whom are highly valued by employers and patients, which will bring additional pressure to bear on the pharmacy labour supply."

John D'Arcy, chief executive, National Pharmaceutical Association, said the NPA has already objected to the fee increase and flagged up the fact

that any loss to the Register will put pressure on services. As 'part-time' could vary widely from as little as an hour a week, it was impossible to predict the effect of part-timers deciding not to renew their registration. And, even if it were possible, what could anyone do about it at this late stage?

Hopefully, there would be plenty of support for CPD so this would not turn out to be as onerous as expected, he said.

Philip Green, the Society's deputy secretary and registrar, said: "It is pleasing to see that the great majority of those surveyed intend to remain on the Society's Register." He reiterated that Council agreed the fee increase to allow the Society to plan for a sustainable future. "We also know that the introduction of CPD, along with a Register that has 'practising' and 'non-practising' categories had the support of our members."

£3,000 in update prizes

C&D's continuing education package *Pharmacy Update* will boast £3,000 in prize money next year (see p22-23).

There is a £5 saving off the £30 fee for those who register before January 31, while pharmacists in Northern Ireland will have their fee paid by NICPPET. Genus Pharmaceuticals, sponsor of *Update*, has set a CPD 'charity challenge' for 2005, and will donate £10,000 to charity if 2,000 pharmacists sign up.

Generics agreement out soon

The British Generics Manufacturers Association has outlined the generics reimbursement scheme, due to be implemented at the same time as the new pharmacy contract.

Reimbursement values will be based on the prices, volumes and average rebates of all generics manufacturers. Changes to the average weighted price will result in the Government altering the reimbursement rate by the same cash value and not a percentage, John Beighton, head of the team negotiating the generics agreement with the DoH, said last week.

Initially voluntary, the scheme will be made statutory if companies do not volunteer the information every three months, Mr Beighton said.

A shadow Drug Tariff is expected to be published shortly to allow pharmacists to decide the impact on their businesses, he added.



Electronic transfer rollout must be done fairly, warns NPA chairman

NPA chairman Ash Soni has urged the Government to guard against disadvantaging pharmacies during the introduction of electronic transfer of prescriptions.

Mr Soni told health minister Rosie Winterton of his concerns at the NPA's Triennial Chairman's Dinner in London on Monday. It was "sensible" that ETP will be introduced through a phased rollout, he said. "But until all pharmacies can participate, it is essential that we have a paper-based solution running concurrently.

"If we don't, we will create an unacceptable division within pharmacy between those that can or cannot receive prescriptions electronically. This will confuse and create difficulties for patients and so will run contrary against the government's access and choice agenda."

He added that there must be minimal direction of prescriptions: "Patient choice in

accessing services is a fundamental principle. The introduction of ETP could lead to the direction of prescriptions toward particular pharmacies. This would be unacceptable. Other than in exceptional circumstances, pharmacy nomination must only be made by the patient."

Mr Soni also warned of the "potentially negative impact" changes to the entry control regulations for pharmacy contracts could have. He praised the minister for "seeking a sensible middle ground between the two diametrically opposed views" of the pro-deregulation OFT and the status quo, adding that the Government's 'balanced package of measures' should minimise the impact on existing provision, particularly in areas of high deprivation and need.

But he added: "We still have concerns about the potentially negative impact of the proposals on the [pharmacy] network. We

await the actual regulations and seek your support, minister, in ensuring that the subsequent review is not carried out too hastily, allowing sufficient time to measure the impact of the changes."

He said PCTs should be in the driving seat when it comes to planning the delivery of local healthcare services. He hoped the measures would give PCTs sufficient flexibility to develop local services while giving community pharmacy security and appropriate incentives to develop services in line with the new pharmacy contract.

"What a paradox it would be if the combination of the new test of choice and competition and the exemptions led to an overall reduction in patient access and choice - so fundamental to achieving the Government's health ambitions."

Mr Soni also warned the minister: "For too long, community pharmacy has been

considered an afterthought by PCTs rather than as a mainstream provider of primary care services." A vital objective of the new contract is to create a better synergy between the respective roles of pharmacy and PCTs, he argued. "This will only happen if they fully understand each other."

The minister acknowledged both the concerns about ETP and control of entry, "but I believe now that we really do have a balanced package of measures", she said.

Mrs Winterton was pleased by the overwhelming support given to the proposed new pharmacy contract, saying it was "a ringing endorsement and a testament to the months of hard work and bargaining".

"It's not just a plain endorsement of the contract and the finance, it's also an endorsement of the way forward, of the vision we have for pharmacy and its closer integration within the NHS."

How to run successful repeat dispensing

by **Adrienne de Mont**
ademont@cmpinformation.com

The National Prescribing Centre has published some pointers to success in repeat dispensing schemes.

One recommendation in *Dispensing with repeats* is to "take advice from pharmacists, GPs and other clinical practitioners wishing to provide the service".

Key messages, based on the experiences of primary care trusts taking part in the national Pathfinder programme, include "don't be too ambitious to start with" and "identify a local champion/repeat dispensing lead."

New ways of working have a far greater chance of success when there is strong leadership and commitment, the NPC says.

Regulations state that only community pharmacists need

undergo "appropriate training". But the document says the wider primary care team benefits enormously from knowing how the whole scheme works, and gives examples of how various PCTs have tackled training issues.

Another "key message" is that, although prescribers usually decide if a patient is suitable for repeat dispensing, many teams have found that pharmacists are in a good position to make referrals as they often see patients more regularly.

A section on "frequently asked questions" advises pharmacists on when they should refuse to dispense and what to do about problems such as lost batch issues.

The document highlights those sections likely to be of interest to prescribers, pharmacy teams, PCTs and strategic health authorities, but encourages everyone to read it all.

"Pathfinder sites have found it is useful if those involved in providing repeat dispensing systems understand the whole system rather than just the part relating to their work," it states.

● Cardiovascular medicines are easily the most frequently dispensed items in the Pathfinder schemes, the document says.

These drugs accounted for over half (52 per cent) the items dispensed in the 18 months to August, followed by medicines for the central nervous system (15 per cent) and endocrine system (10 per cent).

The findings reflect the suggestion that repeat dispensing is most likely to be of benefit to patients with long-term, stable medical conditions such as hypertension, diabetes and hormone replacement.

For more information:

www.npc.co.uk

NEWS

Pharmacy bodies feed into 'Vision'

Welsh pharmacy organisations are working with the NHS Confederation on a "Vision for the NHS in Wales in 2015".

Bodies including the Royal Pharmaceutical Society in Wales, Community Pharmacy Wales, the Welsh School of Pharmacy and WCPPE, and chief pharmacists from all NHS Trusts have collaborated to produce an outline for the future of pharmacy. This has been passed to the Welsh NHS Confederation to inform its strategy document.

The principles on which the overall document will be based have been agreed as:

- a well balanced health and illness service, free at the point of delivery;
- integrated services to provide continuous patient care;
- a reoriented hospital service;
- redesigned roles and responsibilities for all health professionals.

The final document is due to be published early next year, and will be followed by an implementation plan a few months later.

Pharmacy Update The Royal Pharmaceutical Society in Wales has published information for pharmacists involved in the care of patients with diabetes. The guidance outlines essential and desirable practice for identifying and managing diabetes through community pharmacy services. It complements PSNC's *National Service Framework for Diabetes - a guide for community pharmacists*.



Questiontime

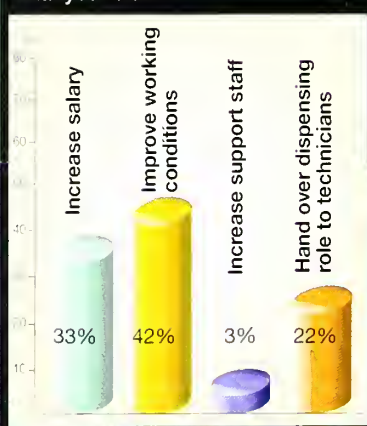
Last week we asked: Which of the following will best address the shortage of pharmacists? You replied (see right):

This week's question: Do you think Boots is right to think again about selling sex toys?

- Yes
- No

You can record your vote on our website: www.dotpharmacy.com. You have until noon on December 7 to cast your vote. We will publish the results in *C&D*, December 11.

What you told us



Diabetes guidance

The Royal Pharmaceutical Society has published information for pharmacists involved in the care of patients with diabetes.

Endorsed by Diabetes UK, the guidance outlines essential and desirable practice for identifying and managing diabetes through community pharmacy services. It complements PSNC's *National Service Framework for Diabetes - a guide for community pharmacists*.

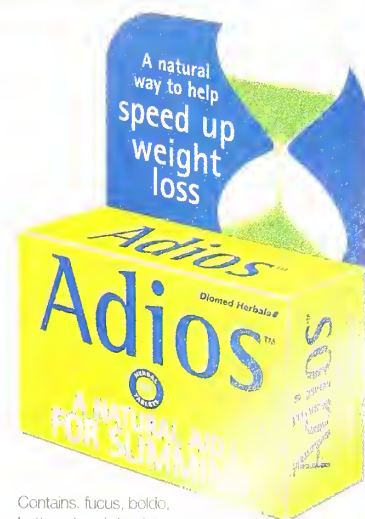
Valdecocixib

Pfizer has pointed out that its Cox-2 inhibitor Bextra (valdecocixib) is licensed for dysmenorrhoea. Last week's Pharmacy Update (*C&D* November 27, p21) wrongly said that after the withdrawal of Vioxx (rofecocixib), no Cox-2 inhibitors were licensed to treat dysmenorrhoea.



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Chloramphenicol is going OTC – at long last

The consultation on OTC availability of chloramphenicol is good news, says PAGB executive director Sheila Kelly

At last, the POM to P switch that pharmacists have been asking for. The announcement that consultation has begun on reclassifying chloramphenicol eye drops must be welcome news to pharmacists if all the lobbying I have been receiving is anything to go by.

Talking to doctors about the possibility of this switch, their concerns were that pharmacists cannot diagnose eye infections and may make matters worse by selling something and delaying proper treatment. That was why the law was changed to allow optometrists to supply chloramphenicol some years ago on the basis that they were open at the same hours as pharmacists. That was the position of the CSM at the time, probably a compromise which didn't really widen access much at all.

I hope pharmacists will look at the consultation on the MIRA website. The question and answer report which accompanies the announcement is an endorsement of the confidence that the Committee on Safety of Medicines has in pharmacists' ability with the right information and training. It represents a sea change in attitude which must be very welcome to pharmacists.

One of the concerns that regularly comes up in consumer research is that antibiotics can stop working if they are overused or not used properly. When the new products are launched the consumer information will have to tackle this fear or the switch will not succeed. The MIRA Q&A addresses antibiotic resistance and says it is not an issue but we may still get media stories about the risk of superbug, so be ready to reassure people.

Pharmacists have seemed to expect chloramphenicol would not be advertised to the public. With the removal of the advertising restrictions earlier this year there is no impediment to advertising to the public and I am sure the products will be advertised in print.



media. In fact, targeted advertising will be an important tool to help inform people about eye infections, their cause and how the products work.

As the self-regulatory body controlling OTC advertising, PAGB will be helping to develop the advertising and guidelines ahead of the formal switch and product launches. We intend to use our Consumer Health Information Centre as a resource to brief consumers and the media and our helpline will also be available to answer questions.

The public promotion will start early next year and I am pleased that the reaction from pharmacists has generally been positive, apart from *Nxayser* who complained a few weeks ago about our use of nurses rather than pharmacists on the line.

We didn't set out to slight pharmacists, the nurse-manned helpline was already up and running and regularly used by NHS Direct so it had credibility and the training was already in place which helped keep set up costs down.

Nrayser suggested we should have referred people to their local pharmacy for phone advice. There are lots of reasons why a single, centralised answering service is better but if pharmacy bodies were interested in setting up a Phone a Pharmacist helpline, I am sure industry would be more than willing to help – perhaps it's the logical extension of the Ask Your Pharmacist campaign?

Patient groups rely on industry

by Asha Fowells

afowells@cmpinformation.com

Many patient organisations would struggle or be forced to close if donations from pharmaceutical companies were abolished, MPs heard last week.

Replacing industry funding with contributions from charitable foundations, government or the public would merely exchange one bias with another, Cliff Prior, chief executive of mental health charity Rethink told a Commons' health select committee. There are no neutral funds available, so all money has strings attached, Mr Prior said.

Melinda Betts, chairman of the Committee on Safety of Medicines' patient information working group, called for guidelines on accepting funding. Patient groups need to maintain dialogue with the pharmaceutical industry because it makes the products for the patients the groups represent, but setting standards would aid transparency, she suggested.

Insulin Dependent Diabetes Trust co-chairman Jenny Hirst said accepting pharma donations made it difficult to criticise the industry. She admitted the groups that refused such funding were unable to compete with big organisations, such as Diabetes UK, but said smaller groups were as capable of doing a worthwhile job.

But Depression Alliance chief executive Jim Thomson disagreed that organisations were unable to raise issues if they accepted pharma funding. His organisation had highlighted concerns around childproof packaging that would potentially cost the industry “many millions of dollars”. This question of patient safety needs looking at, and “if it compromises funding, so be it,” he said.

All parties agreed on the need for robust post-marketing surveillance. The voluntary reporting nature of the Yellow Card scheme makes it unreliable, the committee heard. But while the pharmaceutical industry should be involved because it holds clinical trial data, new drug monitoring should be conducted by the Medicines and Healthcare products Regulatory Agency to ensure the process is open and transparent.

Further, patients on new medicines should be asked about side effects. If funding was provided, this could be performed by patient groups and would indicate if further trials by the manufacturer or action by the MHRA was needed, MPs were told.

The evidence was being heard during the fourth session of the committee's inquiry into the influence of the pharmaceutical industry. The next hearing was due to be heard on December 2.



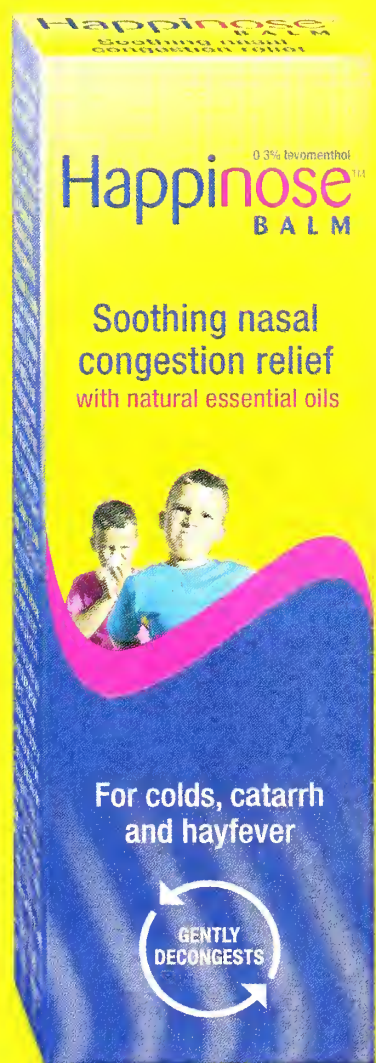
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First teaching pharmacy gets the Green Light

A London pharmacy is believed to be the first community pharmacy in Europe to become a teaching pharmacy for undergraduates.

Students at the School of Pharmacy, University of London, will be able to observe and take part in patient consultations at the pharmacy which has installed video facilities. Up to 30 students will be able to observe patients from a teaching room in the pharmacy's converted basement. They will also be able to interact with and advise patients under the supervision of one of the Green Light pharmacists.

The scheme has been set up by Tim O'Donoghue and John Foreman who established the Green Light Pharmacy (near Euston Station) 10 years ago as a purely healthcare pharmacy. In addition to teaching students, the pharmacy is also conducting practice research in its specially designed premises.

Launching the teaching facility, Mr O'Donoghue said pharmacy undergraduates often experience hospital pharmacy during their training, but this would give students the opportunity to meet patients in the community sector before graduating.

Mr O'Donoghue, who has an interest in pharmacists' verbal and non-verbal communication skills, said: "We are hoping that over the



A photograph of the staff of the Green Light Pharmacy, including teaching staff, Tim O'Donoghue, John Foreman, Professor Sandy Florence, and a Green Light pharmacist, standing in front of the pharmacy premises.

years we will be able to introduce pharmacy students to a lot of skills they will have to do well, not just muddle by with. We hope they will also experience research here and see the sorts of services that the NHS would want to commission, such as smoking cessation or medicine use reviews."

Cameras give views of the main floor area as well as consultation areas. Informed 'patients' will simulate real situations for first year students, but fourth year students will be able to conduct

real consultations where the outcome is not pre-determined.

Professor Sandy Florence, dean of the School of Pharmacy, said the School had been looking for many years to find a partner community pharmacy that would be suitable for teaching undergraduates.

One of the main benefits is interacting with real patients. "You cannot reproduce that in educational circles or buildings," he said. This will "show our students real patients with real problems in real time."

RETAILING

Pharmacy2U has 60+ GPs

Pharmacy2U has signed up over 60 GP practices to its electronic prescription management service, but community pharmacists are worried about the impact on their businesses.

Pharmacy2U managing director Daniel Lee says the company is "not looking to destroy community pharmacy" as it is providing a different service. But "we're not here to protect community pharmacy", he added.

Croydon pharmacist Andrew McCoig criticised Pharmacy2U for using a GP surgery's practice list to contact all the patients to offer pharmacy delivery services. "I'm all for a level playing field and I'm not denying that Pharmacy2U and internet pharmacy is here to stay," said Mr McCoig. "Some elderly patients asked me 'do I have to do this?' If the surgery is putting out leaflets, I'd expect it to invite all pharmacies to be involved."

A similar situation has arisen in Hinckley, Leicestershire, where the PCT has said it hasn't endorsed the scheme. However, it says that large contractors in the area don't think they will have a problem as the personal service aspect cannot be played down.

Action on Arm's Length Bodies due

The Prescription Pricing Authority will be dissolved by October 1 as part of the Department of Health's review of its Arm's Length Bodies.

Along with the NHS Counter Fraud and Security Management Service, the Dental Practice Board and the NHS Pensions Agency,

the PPA will be replaced by the NHS Business Services Authority. In addition, the review will see the Family Health Services Appeal Authority's disband by April 1.

The moves were published as part of the implementation framework for the DoH ALB's

review last week. Health secretary John Reid said reducing the number of organisations from 38 to 20 would save £500 million by 2007-08, improve efficiency, reduce bureaucracy and the administrative burden on frontline NHS staff and fund extra resources and patient services.

RPSGB eases online fee payments

The Royal Pharmaceutical Society has announced improvements to its online retention fee payment service.

Available online at www.rpsgb.org/payment, the credit or debit card facility no longer requires members to return a retention fee form by post, and successful transactions are confirmed by e-mail. Fees can also be paid by direct debit or cheque, and members will be sent a receipt within 28 days of payment.

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PRODUCT INFORMATION FOR NUROFEN PLUS

Nurofen Plus: Each tablet contains 200mg Ibuprofen $\text{C}_{13}\text{H}_{18}\text{O}_4$ and 12.5mg Codeine Phosphate $\text{C}_{18}\text{H}_{21}\text{NO}_3$.

Indications: For the relief of pain in such conditions as rheumatic and muscular pain, backache, neuralgia, migraine, headache, dental pain, dysmenorrhoea, feverishness, symptoms of colds and influenza. **Dosage and Administration:** Adults and Children over 12 years: one or two tablets every four to six hours. Do not take more than 6 tablets in 24 hours. Not for use by children under 12 years of age. Elderly: No special dosage modifications are required unless renal or hepatic function is impaired, in which case dosage should be assessed individually. **Contraindications:** Patients with existing, or a history of, peptic ulceration. Hypersensitivity to any of the constituents, aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). Patients with a history of bronchospasm, rhinitis, urticaria, associated with aspirin or other NSAIDs. Hypersensitivity to codeine, respiratory depression, chronic constipation. **Precautions and Warnings:** Caution is required in patients with renal, cardiac or hepatic impairment. In patients with renal impairment, renal function should be monitored since it may deteriorate following the use of any NSAID. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease. The elderly are at an increased risk of a sequence of adverse reactions. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. Nurofen Plus tablets should be used with caution in those with hypotension or hypothyroidism. The tablets should be used with caution in patients with raised intracranial pressure or head injury. The label will state: 'Do not use if you have ever had a stomach ulcer or are allergic to ibuprofen (or

any of the ingredients of the product) or aspirin. If you are allergic to or are taking any other painkiller, pregnant or suffer from asthma speak to your doctor before taking Nurofen Plus. Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist, consult your doctor. The label will state: (On the box, pack and Do not take every day for long periods of time unless told to do so by your doctor. (On the box, pack and Leaflet) Do not take more than the stated dose of this medicine. Regular use for longer periods may result in symptoms such as restlessness and irritability when you stop taking this medicine. If you have decided to use this product all the time, see your doctor straight away. **Side effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-painful allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritus, urticaria, purpura, angioedema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastro-intestinal - abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer and gastrointestinal bleeding. Renal - Papillary necrosis which can lead to renal failure. Others - Hepatic dysfunction, headache, dizziness, hearing disturbance. Rarely thrombocytopenia. Side effects of codeine include constipation, respiratory depression, cough suppression, nausea and drowsiness. **Product licence** Nurofen Plus 12/0082

Licence Holder: Crookes Healthcare Limited, Nottingham NG4 0EX

Legal category: P MRRP: (12) £2.67, (24) £5.03.

Date of preparation: May 2004. NFN654



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HEALTHCARE



Activa – Supporting Pharmacy

Compression hosiery on CD

At Activa Healthcare, we are focused on providing a first class service for pharmacists, not only with our Queen's Award winning products, but also with our education and training programme. With the launch of the **Activa Compression Hosiery CD Rom**.



measuring and fitting couldn't be easier. Simply load the CD Rom onto your PC, and let Kimby Osborne, Activa's leg health expert, who works side by side with the NPA on compression hosiery training, show you how.

The CD is split into titled sub-sections so that you can immediately go to the category you want to view. There are sections on:

- Venous insufficiency
- Measuring and fitting hosiery
- Activa's range of innovative compression hosiery
- Acti-glide – the compression hosiery applicator which encourages patient compliance
- Activa's pioneering compression and retention bandage range
- ActiFormCool, Activa's new sheet hydrogel dressing for leg ulcer management.

The CD Rom is available free to all pharmacists. For your copy, please email:

cdrom@information-services.org
With your name, pharmacy name
and delivery address. For more
information on Activa Healthcare
visit www.activahealthcare.co.uk
or telephone Activa on 08450
606707.



Consumer body highlights flaws in pharmacy advice

Although pharmacists are generally highly regarded by consumers, 'mystery shopper' campaigns have revealed some flaws in their advice, particularly among independents, Scottish Consumer Council director Martyn Evans has said.

This was an area that needed attention because it damaged pharmacists' reputation. Consumers had higher expectations in the quality of service delivery and were assuming a greater power in the

marketplace, Mr Evans told delegates at the Scottish Pharmacy Conference in St Andrews last weekend.

Mr Evans also outlined his concerns about the OFT inquiry. He said he understood the profession's concern surrounding the report but he pointed out that the current practice of controlling entry tended to restrict access in some localities.

Patients should have increased input to the contract negotiating process, he said.

Mr Evans welcomed the shift in emphasis from dispensing to healthcare delivery in community pharmacy. He reminded the audience that an emerging group of high earning business people did not share older patients' loyalty for using a single pharmacy.

This behaviour did not give pharmacists the opportunity to engage proactively in promoting healthy lifestyles and he hoped a way could be found to target these people.



Newcomer brands take centre stage

Consumer brand development at William Ransom will centre on the Snufflebabe and Cariad ranges next year.

Announcing an interim retained profit of £2.4 million on sales of £14.3m, chief executive Tim Dye said he expected to see steady improvement in sales of its newly-acquired Pickles brands.

Children's cold remedies such as Snufflebabe, which was acquired less than a year ago, represented a particularly good opportunity for brand development, Mr Dye said. "It is a strong brand name and there are opportunities for new licences."

The rationalised and repackaged Cariad range was also ready for development in the areas of men's grooming, natural insomnia relief and aromatherapy, he added.

APS Berk is now Teva UK

The pharmaceutical company APS Berk has been relaunched as Teva UK Limited.

Effective from December 1, the name change follows the 1996 acquisition of the generics manufacturer by the global drug firm Teva Pharmaceutical Industries. Teva UK is adopting the strapline "Yours. Faithfully." which the company says reflects the cost, quality and delivery of its products.

As well as new packaging,

managing director John Beighton said pharmacists would see an increase in Teva's product range and benefit from customer loyalty schemes.

Headquartered in Israel, Teva Pharmaceutical Industries is the world's largest generics manufacturer and operates in 50 markets.

The company had a net income of \$617.8 million last year and employs 13,000 people worldwide, 336 of whom are based in the UK.

RETAILING

Toys booted

Boots may be re-considering its decision to sell sex toys because it may damage the company brand, according to reports in the *FT* and the *Guardian* this week.

Boots was reported last month to be in discussion with SSL about stocking its sex aid products (*C&D*, October 30, p12). But the news led to widespread media coverage and the *FT* says the matter has risen to board level.

For millions of customers who Can't sleep



New from the makers of the number 1 selling natural stress reliever Kalms, comes Kalms Sleep. An effective natural remedy that helps restore normal sleep patterns – without causing drowsiness during the day. Millions of customers who can't sleep, can't wait for Kalms Sleep. **Can you afford not to stock it?**

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Product information for Kalms Sleep. Active Ingredients: Valerian Powdered Extract 4:1- 45.0mg, Passiflora Powdered Extract 5:1-16.82mg, Wild Lettuce Powdered Extract 4:1-22.5mg, Powdered Hop Strobile 30.0mg, Vervain Powder 60.0mg. **Therapeutic Indications:** A traditional herbal remedy that promotes refreshing natural sleep. **Doses and Administration:** The tablets are for oral administration. Adults, elderly and children over 12. Three or four tablets to be taken one hour before bedtime. Children under 12 years of age, not recommended. **Warnings and Precautions:** Do not exceed the stated dose or take on an empty stomach. If you accidentally take too many tablets, consult your doctor. Not to be taken by children under 12 years of age. Keep out of the sight and reach of children. Not to be taken during pregnancy and lactation without consulting your doctor. These tablets may cause drowsiness. If affected do not drive or operate machinery. **Side Effects:** None known. **Retail selling price:** £3.99. **Legal Category:** GSL **Product Licence Number:** PL 16028/0059. **Marketing Authorisation Holder:** Galpharm Healthcare Limited, Hugh House, Upper Cliffe Road, Dodworth Business Park, Dodworth, Barnsley, South Yorkshire, S75 3SP, UK.

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Comment

from the Editor

Our question to pharmacists this week was: Which of the following will best address the shortage of pharmacists? Increase salary, improve working conditions, increase support staff, hand over dispensing to technicians?

"Improving working conditions because I feel as if we are drowning in red tape. A lot of the clinical governance stuff ties up people's time and it's driving a lot of locums away, especially the older ones. They want to expand pharmacists' roles but there just doesn't seem to be time to do it all"

Robert Jones, Workstop

"Getting more pharmacists to quality – there seems to be a national shortage"

Anon, Workington

The launch this week of possibly Europe's first teaching community pharmacy reveals an excellent way of educating young people about to enter the profession.

The initiative that the Green Light Pharmacy in London has been working on for four years is a model that should be extended across the UK so that all pharmacy undergraduates get to experience the community pharmacy sector in addition to the more traditional hospital visits.

For far too many pharmacy graduates, the first real contact with a patient in the community can be the day they start their pre-registration training. This opportunity for students at the London School of Pharmacy will not only give them a positive and 'safe' experience of the sector, it will make their studies that much more relevant.

Of course, while still young and full of ideals, every pharmacy student wants to be a clinical pharmacist. This means there can be an unfortunate misconception about the

community sector in that it is not 'real' pharmacy. But we all know that the network of community pharmacies is the most public face of an increasingly integrated national health service, where the range of necessary skills is forever widening.

Pharmacy students are going to be entering this rapidly changing pharmacy world where at last it will be possible for many community pharmacists to fulfil their professional aspirations as the new contract falls into place.

What is needed now is for community pharmacists to start planning for the introduction of these new services to ensure the viability not only of their own pharmacies, but the future of the profession as a whole.

... it will be possible for many community pharmacists to fulfil their professional aspirations ...

Your views

SOS appeal is 'distasteful' says former RPSGB president

I suppose there is nothing wrong with putting a begging letter as a flier in *C&D* last week but I found it distasteful. Why? Because:

- Their intervention (the SOS "fall guys" who challenged the Council in the High Court) was thrown out and rightly so.

- No one was interested in the membership referendum they forced on the RPSGB (at what cost?) The number who participated was derisory.

- "Maintenance of the honour and safeguarding of members' interests in the practise of their profession" was not restored to the Charter. It was moved into direct but subsidiary juxtaposition to the prime regulatory responsibility of protection of the public interest. It could never be other than secondary if the two are in conflict.

- Only pharmacists can be members of the RPSGB; any suggestion that there were thoughts to change that were mischievous and misleading.

- The 'old' Charter had no bar on the creation of a membership board; indeed the Council was investigating a similar proposal.

The Charter was always permissive not prescriptive. New clauses have made much of the Charter very prescriptive, indeed the Privy Council removed some of the more foolish prescriptions.

- During the run up to the court case, our "courageous four colleagues who sacrificed themselves for us all" were offered mediation (by me) but refused to withdraw their court action to enable that to happen. Did they really want a solution or just

electoral advantage?

- In all the heart-rending claptrap to be found in this leaflet I see nothing about the fact that these people personally sued 16 of their (and your) colleagues. Do you think they would have contributed to a begging bowl if these colleagues had lost?

I am disappointed that you were prepared to include such a controversial leaflet without considering its inaccuracies. I personally have little sympathy with anyone who exposes their prejudices in the High Court (in one case after having voted for the old Charter) and who cries foul and begs for money when they lose.

Peter Curphey,
Isle of Man.

More letters on page 16 ►

Northern Ireland

NOTEBOOK

TOPICAL REFLECTIONS

Eyeing up chloramphenicol

At last! I may soon be able to sell chloramphenicol eye drops over the counter. The MHRA's consultation document on a POM to P switch signals the launch of a perfect OTC medicine.

This product is for an easily diagnosed common condition, for acute use and should be started immediately symptoms appear. It is also easy to use and cheap. This switch will mean that I am no longer forced to sell a product for conjunctivitis that is not as effective as I would like, knowing that many of these patients will have to consult a doctor anyway.

My local practice will prescribe chloramphenicol eye drops without even having seen the patient so the whole procedure is largely a waste of time for both the patient and the surgery. I am perfectly well aware of the symptoms of conjunctivitis and also the danger signs that require referral because this is a diagnosis I have been making for many years. I am also probably better than the GP at remembering to offer a few useful tips to reduce the risk of cross-infection.

This seems a slightly unusual switch application in that three companies are applying for a licence simultaneously. Boots is applying for an own-brand product but if Galpharm's and Optrex's products are launched simultaneously their marketing tactics will be interesting. Galpharm will have its work cut out competing with the Optrex brand but I imagine will compete well on price.

I don't expect Brolene will retain a place in therapy and this could be the end of the road for an old favourite. OTC chloramphenicol will become one of the few cases where I will suggest an alternative if specifically asked for the inferior product.

As chloramphenicol prepares to enter the pharmacy arena, Benadryl seems about to leave (see *C&D*, Nov 27, p6) through the same swing doors. Acrivastine seems to have barely touched the ground on its way through from POM to GSL, but I'm sure this fast-tracking will become more common as manufacturers look to increase market share.

Welcome back, Beauty Counter

I'm pleased to welcome back *Beauty Counter* magazine to our tea-room. It's smaller than it used to be but looks modern and interesting. My cosmetics range continues to shrink but this is an ideal way for my assistants to keep up to date with

the latest products both for themselves and our customers. And they can't get enough of competitions. My assistants will enjoy an interesting read at break time and I'll be happy that they are getting some gentle training.



Kodak move signals end of an era

Photo processing has always been more of an added value service than a significant part of my business, and it has been declining steadily since the advent of digital cameras. The competition has a mini-lab so only a small selection of my regular customers use my service on the basis of convenience. I take my own digital camera's memory card to a machine that prints the pictures I want. I'd love one of those machines in my pharmacy if I thought I could make it pay.

The closure of Kodak's laboratories (*C&D*, November 27, p8) is bound to be the first of many, and a 72-hour service will become the norm for outlets without a mini-lab. It may be that a three-day wait for photos means that my service loses all semblance of convenience and it will go the way of many other services traditionally associated with my pharmacy.

I don't want to stand in the way of progress but it seems a little sad that pharmacies will only offer healthcare goods and services in future. Particularly in light of the decline of the Post Office network, there must be something else that the amazing network of community pharmacies can supply effectively.

Can we raise cash without the fireworks?

The early summer weather was unusually warm and from the far end of the lawns the first salvos of 'sun-bursts' and 'sky dragons' exploded against the gathering twilight. Guests in black ties and flowing gowns spread across the spacious lawns and sipped Champagne. Later, the casino tables were opened in the marquee and the brass band marched off to loud applause down the driveway.

Giving to charity could not be more pleasant. The master of ceremonies urged us to dig deep into our pockets for his worthy cause. We were the guests of fat corporations, our tickets paid, we should have plenty to give.

My host told me, confidentially, that the marching band cost £5,000, the two marquees erected on the lawns £10,000, 30 minutes of fireworks £10,000. He was also

We were the guests of fat corporations. Our tickets paid, we should have plenty to give

paying for the catering for the 200 guests, £15,000, wine and Champagne a further £5,000 – a most generous contribution to the charity of £45,000. The charity walked away with £20,000 for the dining. They also got the proceeds of the auction and prize draw and this raised a staggering £12,000.

I did not like to point out the obvious. Had our host just given the £45,000 to the charity – quietly and unceremoniously – then the charity would have been £13,000 better off. But our host enjoyed being generous, so had realised a life-long ambition to have a brass band march up his driveway, and we are now closer to a cure for... oh, never mind now.

Written by Northern Ireland community pharmacist

Please e-mail your views to chemdrug@cmpinformation.com

Zocor Heart Pro: J&J.MSD responds to its critics

FP Reader's 'alternative view' of Zocor Heart Pro (*C&D*, November 20, p16) paints a misleading picture of this important switch for pharmacy and his assertions should not go unchallenged. He also goes on to suggest that the consumer pharmaceutical industry and pharmacists somehow have conflicting aims. Were that to be true, the future for both would be bleak; fortunately it is demonstrably not the case.

Zocor Heart Pro is indicated to reduce the risk of a heart attack in those people at moderate risk, ie a 10-15 per cent risk of fatal or non-fatal myocardial infarction in the next 10 years. These people will not receive a statin on the NHS; not because they would not benefit, but because resources are prioritised to patients with existing disease or those at higher risk.

The availability of a statin for self-medication offers a new choice for people who wish to take action

before they accumulate enough risk to be eligible for NHS treatment. Alternatives for this group are limited to lifestyle measures, which our Healthy Heart Programme encourages.

Such people are often exhorted to make stringent dietary changes in order to achieve modest cholesterol lowering; it is difficult to see how lowering their cholesterol more substantially, as well as attention to a healthy lifestyle, could do anything other than reduce their risk more substantially.

Far from 'scaring' people, we are simply drawing attention to the risk of a largely preventable condition that is the commonest cause of premature death in this country. This is completely in line with sensible public health policy.

Mr Reader describes Zocor Heart Pro variously as "potentially harmful" and as providing an "inadequate dose". Many

substances might be described as 'potentially harmful', but in simvastatin we have one of the most studied and widely used drugs in history. The safety profile of simvastatin in approximately 73 million patient years of marketed use in all doses is excellent and clearly meets the safety criteria for POM to P switch.

Concerning the 'inadequate dose', the 10mg dose of simvastatin provides a 27 per cent reduction in LDL-cholesterol (around 74 per cent of that achieved with 40mg); this degree of lowering reduces the risk of myocardial infarction by about one third by the third year.

Mr Reader expresses amazement that the drug should be made available OTC without the requirement for cholesterol testing. It is now a matter of expert consensus that the need for intervention is driven by the level of cardiovascular risk

rather than by cholesterol status.

Cardiovascular risk is primarily driven by age and the presence of additional risk factors, and in the UK population older than 45 years, few people have a 'good' cholesterol status. The Heart Protection Study was the latest to confirm that lowering LDL-cholesterol lowers risk whatever the starting level of cholesterol.

We certainly encourage people to measure their cholesterol status to ensure that they are making adequate progress and to pick up the rare undiagnosed familial dyslipidaemias. One positive consequence of the switch of simvastatin is that cholesterol measurement is now much more widely available in the community.

We certainly agree that broadening the range of pharmacy medicines for short-term conditions to include certain antibiotics makes perfect sense. Concerns around antibiotic

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E45



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Prescribing Information E45 Cream. E45 Cream is a white smooth emollient cream containing white soft paraffin 14.5% w/w, light liquid paraffin 12.6% w/w, and hydrophilic lanolin 1.0% w/w. Uses: For the symptomatic relief of dry skin conditions,

where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. Dosage and administration: Adults, children and elderly: Apply

to the affected part two or three times daily. Contraindications: E45 Cream should not be used by patients who are sensitive to any of the ingredients. Undesirable effects: Occasionally, hypersensitivity reactions, otherwise adverse effects are unlikely, but

should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued. Package quantities: 50g tube, 125g tub, 500g pump pack. Basic NHS cost: 50g £1.18, 125g £2.39, 500g £6.20. Legal category: GSL. Product licence number:

PL 0327/5904. Product licence holder: Healthcare Ltd, Nottingham NG2 3AA. Preparation: January 2002. References: 1. Carr, 1997. 2. Vickers and Kirby 1988. 3. Holiday and L. CHCSK04-848. Date of preparation: September

Please e-mail your views to chemdrug@cmpinformation.com

WCPPE reiterates its case for a different CPD model

resistance have prevented these switches, not pharmaceutical company indifference. It would certainly not surprise me to see these indications re-visited in the near future as candidates for self-medication.

The self-medication industry only grows when it meets the unmet needs of consumers, and pharmacists should also be beneficiaries of this innovation. We challenge the view that pharmacists can only manage short-term symptomatic illness. It seems perfectly reasonable to us that reducing the risk of disease in healthy people is a logical extension to the role of the pharmacist. Fortunately much of the pharmacy profession appears willing to embrace this opportunity to make a broader contribution to public health.

Dr Stephen Mann, vice-president, R&D, Europe, Johnson & Johnson, MSD Consumer Pharmaceuticals.

We both welcome the opportunity to respond to the comments made by Fred Ayling (CPD officer, RPSGB) following our recent article *Hobson's Choice?* (C&D November 13 p16-17).

WCPPE has had, and continues to have, an active research interest in the processes through which pharmacists engage in continuing professional development. As our research has progressed, we have kept the Society fully informed of our findings through collaboration with the Education Division, specifically through the involvement of Dr David Temple as a member of the now defunct CPD Implementation Committee.

As such we are able to analyse the progress of the Society in respect of CPD and the comments made by Mr Ayling from a perspective based on considerable experience/expertise.

It is true that the Society undertook a consultation on CPD

in early 2003 that generated around 8,000 responses. However, your readers might note that the Society only began mailing out Plan & Record packs in late 2002, and by April 2003 a maximum of 6,500 pharmacists had received these materials.

It would seem implausible, therefore, that detailed knowledge of the workings of Plan & Record and the online recording system had any great bearing on this consultation exercise, particularly since statistics from the Education Division in April 2003 indicated that only 25 per cent of pharmacists who had received a copy of Plan & Record had visited the online recording website, and further, that only 14 per cent had begun compiling a record online. Subsequently the consultation has not influenced development of Plan & Record.

Our experience with CPD indicates that individual

pharmacists learn in different ways, through different methods and with different outcomes. This poses a practical problem for mandatory CPD systems, particularly if they try to be prescriptive, either in terms of the activities that are 'allowed', or, as in the case of the Society, the method of CPD documentation.

'The Health Professions' Council model that we outlined neatly avoids these problems by allowing any activities to be included and having a very open system for recording. Mr Ayling will no doubt state that the Society will allow any activity to be included in a CPD record, but Plan & Record is very weak in respect of use of spontaneous informal learning within a CPD record. This weakness is critically important, as it is this type of learning that, in our experience,

Continued on page 18 ►

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As well as being efficacious, our dermatologically tested, unperfumed and well tolerated emollient was voted pleasant to use by 82% of patients.³

E45 Cream. Experience brings confidence.

Dry skin & Eczema

EXPERIENCE E45



Cream

Please e-mail your views to chemdrug@cmpinformation.com

◀ Continued from page 17

many pharmacists find the most valuable.

The comments made by Mr Ayling regarding the feedback process are interesting and should be challenged. He points to the high level of consistency that has been achieved between reviewers, and we are similarly intrigued by the degree of similarity in the feedback sets we have seen.

In noting this feature of the feedback, we tried to work out the process through which it was produced. The repeated use of standard paragraphs, sometimes with only the order in which these paragraphs are presented differing, suggests to us that the vast majority of the feedback report is computer generated.

If readers consider the structure of the CPD record dispassionately, they will find that between the Reflection, Planning and Action screens, there are six boxes which allow the entry of free text. The other fields on these screens (between 11 and 15, depending on how you use the system) use pick lists or rating systems to generate data, and the use of these parts of the record are being analysed automatically by computer to allow the selection and ordering of standard feedback paragraphs.

Reviewers will consider the fields containing free text, but presumably only to use simple yes/no style questions of the type presented in Appendix 6 of Plan & Record to categorise the content. These responses then allow computerised analysis of the record to be completed. Reviewers may have a role in topping and tailing the report, but the outcome is a feedback report based on the way the individual has used the online record system, not a value judgement of the CPD that the individual has undertaken, its relevance to them or the benefit they have derived from it.

We are not alone in voicing concern about the feedback

system. For example, a recent article in *Hospital Pharmacist*¹ indicated that pharmacists "expecting that the hours of effort put into recording CPD will be rewarded with some in-depth feedback will probably be disappointed with the somewhat mechanistic analysis of our CPD by the Society". It seems to us that the HPC model will provide meaningful feedback to 100 per cent of their members subject to CPD audit, as a member of the appropriate profession will read all submissions. The Society, by contrast, only ensures a pharmacist will be involved in reviewing a submission if there is discrepancy between other reviewers.

The use of the 500 and 1,500 word statements provides an opportunity of HPC registered professionals to demonstrate their commitment to developing their practice in an engaging and individual way. Mr Ayling's suggestion that this is "surely more onerous than the two or three sentences required to address the questions in the Society's recording format" is ridiculous, as each record contains six free text boxes (and hence at least six sentences; more if you add in the 'Evaluation' boxes), and pharmacists will be expected to submit around 60 records per submission (based on Plan & Record which suggests pharmacists should compile one record per month over a period of up to five years).

So, in our view, pharmacists potentially will be writing substantial amounts of disjointed material merely to satisfy the record format.

Mr Ayling implies that the intention to monitor the CPD of 100 per cent of the active register compared to the HPC approach of auditing a small proportion of their practice registers represents a more rigorous form of professional regulation. This is a simplistic view, as each member of an HPC regulated profession must

make an annual declaration that they have undertaken and met their CPD obligation. In the event that a member of any of these bodies is found to have made a declaration but not undertaken appropriate CPD then they are liable to be charged with serious professional misconduct.

Interestingly, the HPC approach is consistent with the current practice of many US State Pharmacy Boards within their mandatory CE system.

It is interesting that Mr Ayling does not suggest in his comments anywhere that Plan & Record or the online record does anything to increase or enhance the learning that pharmacists achieve through their CPD. Our experience of discussing CPD with real practising pharmacists is that the online system has made

documentation a chore and that the record does nothing to develop their learning.

We welcome the suggestion that the Society will consult on the CPD system in 2005, if this provides an opportunity for pharmacists to genuinely influence the system that will be implemented. If Mr Ayling's comments reflect the wider view of the Society in respect of CPD, we expect the membership will administer a stiff rebuke when this opportunity is presented.

David Temple and Guy Thompson,
director and former deputy
director at the Welsh Centre for
Postgraduate Pharmaceutical
Education.

*1. Bollington, L. Mandatory
CPD. Hospital Pharmacist 2004,
11(10): 402.*

North East London LPC sets out its contract creed

North East London Local Pharmaceutical Committee welcomes the opportunity to reposition community pharmacy via the 'new contract'. We believe in a nationally negotiated contract and support PSNC in the work it does but not in all areas. We have a duty to our local contractors where 85 per cent of the contractors are independents.

NE London LPC supports and wants to see the development of clinical and cognitive (knowledge based) services.

NE London LPC wants to be firmly tied to 'public health' and 'community development' programmes.

NE London LPC considers that the money available within the new global sum is, currently, a fair and adequate calculation.

NE London LPC actively supports 100 per cent the 'framework' that has been agreed, within the new contract, for new and expanded services but has deep concerns about the ability of

PCTs to develop enhanced services from community pharmacies or to adequately support LPS where needed.

NE London LPC's focus is to engage with PCTs and social services in the areas that they have defined. NE London LPC is totally focused on extending the range of services supplied from community pharmacy.

NE London LPC believes that, contrary to this, PSNC has over-focused on protecting income from discounts which are going to be minimised and revenue from dispensing. The focus on extended services is not fully developed, unlike the GP contract.

NE London LPC, however, does not fully agree with PSNC's decisions about direction, pace of travel and distribution of funds.

NE London LPC considers that pharmacy contractors were asked to vote, in haste, with urgency, on issues which were not adequately explained or informed.

NE London LPC and the other

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London LPCs have four representatives on PSNC out of a total of 30 nationally. London LPCs represent 18 per cent of pharmacies nationally and are thus under-represented on the committee.

NE London LPC does not want to see pharmacy closures but, if there are, it would like to see a 'dignified' exit (ie no debt).

NE London LPC considers it disingenuous for the threshold for the full practice allowance to be raised from the current 1,600 items per month to 2,500 items per month.

NE London LPC questions whether the costs of providing pharmaceutical services from, for example, a Lincolnshire village, match those of a metropolitan pharmacy in London or Manchester.

NE London LPC is concerned that threshold values have not taken into account the almost certain drop in prescription numbers as a result of the minor



Hemant Patel, secretary, North East London Local Pharmaceutical Committee

ailment, EHC and 'medication review' (MUR) schemes which are or are to be introduced.

NE London LPC considers that a 'period of treatment' fee needs to be reintroduced to protect pharmacies chasing thresholds from prescribers changing to 90 or 120-day prescribing. (Already apparent within one

NE London LPC PCT).

NE London LPC is aware that, locally, prescription volume is growing at 1 per cent annually as against 8 per cent nationally. This will further disadvantage NE London LPC contractors in meeting future threshold determinations. Within three years, many NE London LPC contractors, currently dispensing in excess of 3,000 items per month, could be caught in a 'threshold trap'.

NE London LPC questions why, when volume increases cut unit costs, 50 per cent of the global sum is handed to the top 25 per cent volume contractors. Only half of the global sum is available to pay three quarters of contractors nationally. Fifty per cent of contractors dispensing below-average numbers of prescriptions would have to share just 33 per cent of the global sum.

NE London LPC will support all local clinical governance arrangements, all areas of

intervention for medicines use reviews (MUR) and all work for enhanced services.

NE London LPC will need copies of all PCT 'draft' local development plans (LDP) early so that it can engage with the PCT in methods of implementation before finalisation.

NE London LPC requests that PCTs identify resources to deal with the expected increase in the handling of claims under the new contract and to work with contractors in discussions for service development and on facilitation and education.

We believe that the countdown has begun and we are at T-minus 60 stage. On December 1, 2009, without any intervention, independent pharmacy will rapidly decline to less than 30 per cent of the total from the current 48 per cent and from the 1979 figure of 78 per cent.

Hemant Patel,
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An alternative distribution of funds

Noel Baumber FRPharmS, a member of PSNC in the 1990s, compares the proposed funding arrangements under the new contract with that of 1996

It is a shame that there was only Plan A versus the old contract as the choice in the recent PSNC ballot. I, for one, would have preferred a choice of ways in which to pay out the new global sum for pharmacy (£1.766 million).

I would also have preferred not to have endured the blackmail of a Government invoking drug reimbursement cuts and asking us to vote 'yes' to get the money back again. Most contractors will not have any means of comparing the new contract with the old, establishing whether it is a good deal, or knowing if the distribution of money could have been different.

Certainly, there has been a lot of unnecessary aggression towards the smaller contractor and this is made worse in the new contract. The old global sum considerably under-funded the service we

provided and we have no way of knowing the extent to which our former 'profits on purchasing' compare with the new enhanced global sum, or how we shall fare

with lower prices and discounts.

For eight years I was the representative of Trent region contractors on PSNC, but I managed only once (in 1996) to glean enough data to work on and produce an image of the distribution of contractors, prescriptions and global sum funds which I published in *The Pharmaceutical Journal* [Pj, 1 February 1997, p174]. I used that data to oppose the annual increases going straight into the dispensing fee because that had the effect of diverting half the increase straight to the busiest 25 per cent of pharmacy contractors, some of whom were dispensing nearly 30,000 items per month.

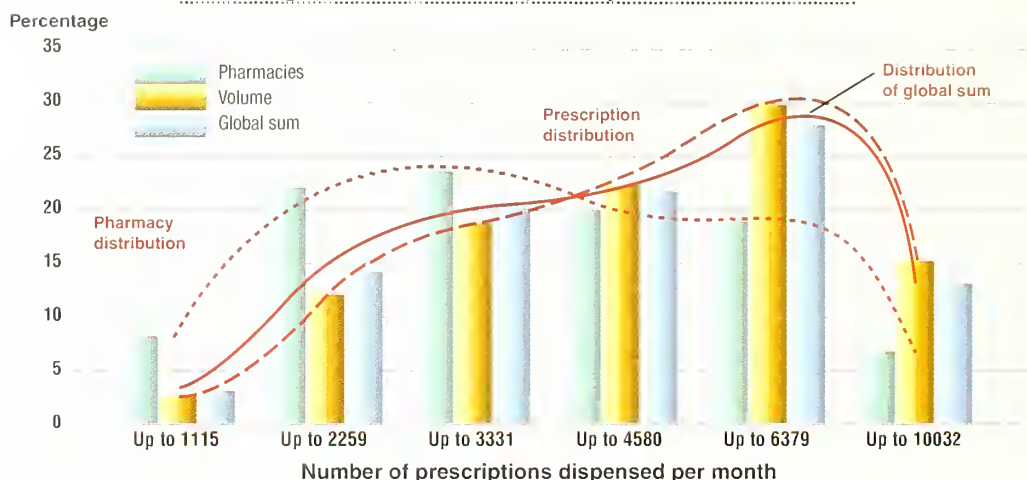
Put another way, 75 per cent of community pharmacy survived on

half the global sum and the professional allowance was the only mechanism for achieving a balanced payout. The old contract was effectively a compromise in which the larger contractors voted consistently for a higher dispensing fee so that any prescriptions that they managed to acquire would bring with them a larger and larger proportion of the global sum.

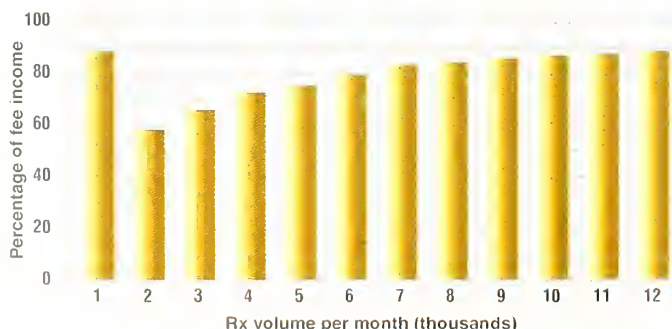
Increasing the dispensing fee seemed to be a fair way of doling out new money, but in reality it was the equivalent of pulling the duvet over to one side of the bed, leaving the other side out in the cold.

With this background, I was struck immediately by how many new payments were related to

How the global sum followed prescription volume in 1996



Percentage of fee income related to Rx volume (new contract)



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prescription volume in the new contract and so I looked for the published information and worked out what the ratio was between the 'item related fees' and the 'static (monthly) payments' (see chart: percentage income related to Rx Volume). In the old contract in 1996, two thirds of the global sum went on dispensing fees and a quarter on the professional allowance, the remaining 10 per cent coming via specific fees and money devolved to local FHSAs.

It was a shock to see this ratio changed potentially to a Pareto principle 80:20 scenario with the average of item related fees rising to 79.93 per cent versus static payments at 20.07 per cent. Whether prescriptions migrate from quartile to quartile or not, the new ratio of distribution changes the flow of funds.

If prescriptions do migrate, then the funds will flow faster than before, but we are not likely to find out what is happening since we no longer have current information analysed or published as it is 'confidential' or 'commercially sensitive'. So much for living in a democracy.

PSNC is keen not to attribute the new payout to specific supply and service parts of the contract, but I have nominally hived off £500 million towards service elements, leaving £1,266 billion as the new equivalent to a supply or dispensing portion of the global sum for the purposes of comparison. Compared with the current £800m global sum this could be regarded as a 58 per cent increase, but this is only because I am including all prescription volume related fees to show how the ratio affects the distribution of funds across community pharmacy.

Given that the forecast is for 687.7m prescription items next

The following two tables are an attempt to put together an idea of how the skew, created by volume related payments (as a percentage of total fee income), is moderated by static payments across the four quartiles

Estimates based on est. global sum at £1.266 billion. There is no published data on current prescription distribution.

Example 1: 80:20 ratio

	Quartile 1	Quartile 2	Quartile 3	Quartile 4	Totals
Static payments £ million (if 20% of total fee income)*	60	63	63	63	249
Distribution of prescriptions (%) if unchanged from 1996	10	20	25	45	100
Prescription volume related fees [80%] £ million	101	202	253	456	1012
Total of fees £ million*	161	265	316	519	1261
Percentage of global sum	13	21	25	41	100
Total value (combined quartiles)	426		835		1261.48
Percentage of global sum	34%		66%		

*Note: Quartile 1 static payments are diminished here by 4% representing fees withheld below 1,000 items

Example 2: 84:16 ratio

	Quartile 1	Quartile 2	Quartile 3	Quartile 4	Totals
Static payments £ million (if 16% of total fee income)*	49	51	51	51	200
Distribution of prescriptions (%) if unchanged from 1996	10	20	25	45	100
Prescription volume related fees £ million	107	213	317	480	1066
Total of fees £ million	155	264	25	530	1266
Percentage of global sum	12	21		42	100
Total value (combined quartiles)	418.86		847.14		1266
Percentage of global sum	33.09%		66.91%		

*Note: Quartile 1 static payments are diminished here by 4% representing fees withheld below 1,000 items

year, the total of prescription related fees could be limited to around £880m with static payments for England in the region of £225m, together totalling £1.105bn (very close to the 80:20 ratio), so my rough estimate of £1.266bn is not so far off the mark.

Example 1 gives the breakdown into quartiles for distributing £1.266bn along 80:20 lines given the historic (1996) proportion of prescriptions dispensed. Since the PSNC tables imply that the ratio increases for busier contractors, I rather felt that there was scope for redefining the split with increasing overall prescription numbers and more prescriptions

being dispensed in the upper quartiles, so that the 84:16 ratio would be closer to the eventual outcome (Example 2).

Looking at the scenario where the ratio has become 84:16, the prescription balance moves in the direction of higher quartiles. Compared with Example 2, if the lowest quartile loses half of its prescription share then it appears to have lost one third of its income (£53m) to other quartiles. Each percentage point of movement of prescription business into the upper two quartiles is worth £10m.

All I am saying is that there is precious little defence in the establishment fee and the repeat

dispensing fee as static payments if so much of the global sum relates to prescription volume.

Where prescriptions can be won and lost competitively there is a huge impact in the lowest quartile of community pharmacy dispensing volume.

The extremes in these examples show a range of income for Quartile 1 varying from £191m down to £102m. Because at least 14 per cent more money can be liberated to flow within community pharmacy, it becomes much more important to lock in patients and prescriptions and not to lose out as patients register with pharmacies for services or begin to use ETP.

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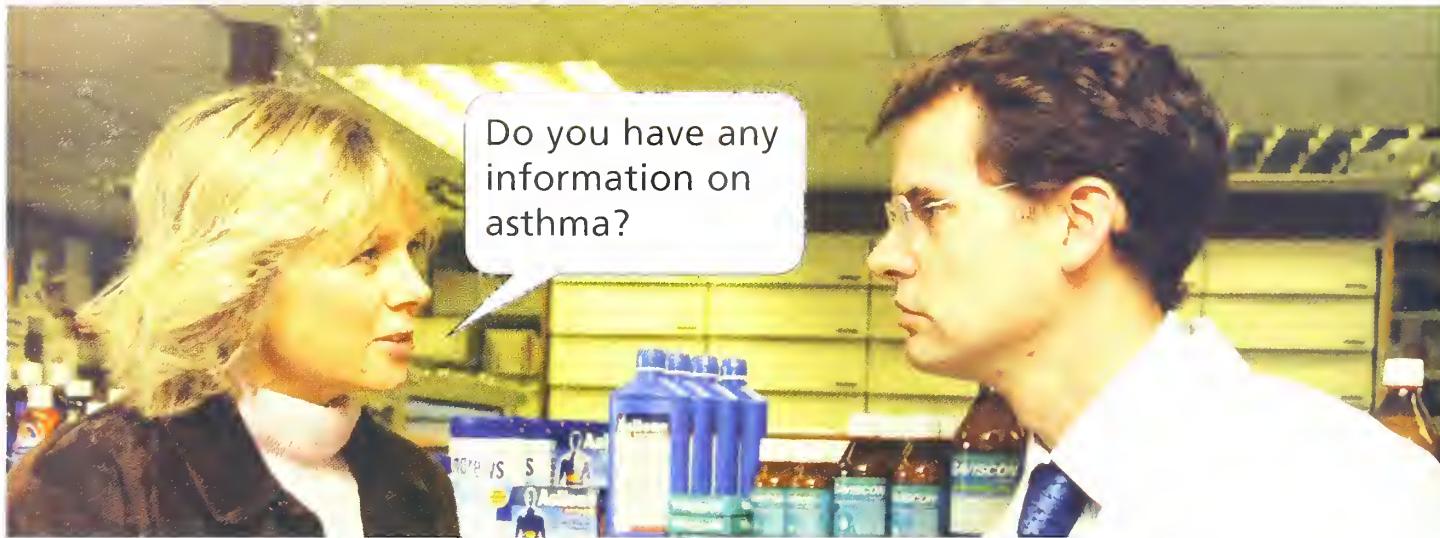
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Mark Greener and Julian F Guest wax lyrical about this condition and look at the possible treatments

Impacted earwax



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This course (module 1323), in association with multiple choice questions being published in *C&D* January 8, provides one hour's continuing education

Objectives

- To know the general composition of earwax
- To be aware of the incidence of impacted cerumen
- To know which groups are most prone to the condition
- To be aware of the risks
- To appreciate the relative merits of proprietary wax softeners

Community pharmacists often advise their customers about the most appropriate treatment for impacted and excessive earwax (cerumen). While impacted cerumen may seem relatively trivial, it can lead to several complications including hearing loss, social withdrawal, poor performance at work and perforated eardrums. Indeed, removing occlusive wax improves hearing by a mean of five decibels.¹

Unfortunately, there is little rigorous evidence to guide pharmacists' advice and recent research challenges some long-standing assumptions about cerumen and its treatment.

Together with two collaborators, we recently published a comprehensive review of cerumen's composition, production, epidemiology and management.² In this feature, we summarise some of our key findings. Space precludes us from including all the references, but readers can find these in our original review.

Essentially, cerumen is desquamated sheets of corneocytes from the external auditory canal mixed with a variety of glandular secretions. Elsewhere on the body, physical erosion – for example from clothes – removes stratum corneum. But the auditory canal is the body's only cul-de-sac of stratum corneum so physical erosion cannot desquamate it and cerumen performs the function of removing stratum corneum. Sebaceous and cerumenous

glands as well as hairs in the external third of the canal add lipids, peptides and other secretions. As a result, cerumen cleans and lubricates the canal, trapping dirt and repelling water.

Broadly, clinicians recognise two types of cerumen. Wet cerumen is sticky and either light or dark brown. Containing relatively high concentrations of lipid and pigment granules, wet cerumen tends to be most frequent in Caucasians and African-Americans.

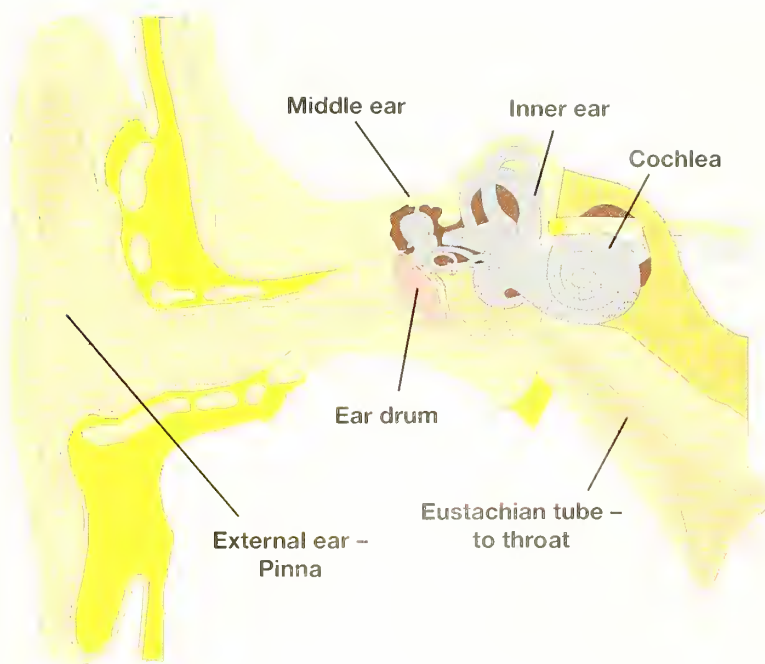
Dry cerumen, which is grey or tan and brittle, tends to express lower levels of lipid and pigment

and predominates in Asians and native Americans. Dry cerumen is also relatively common in people from Eastern Europe, the Middle East, the Pacific Islands and South Africa.³ However, in our collaborators' clinical practice, the dry form seems to be rare among Asians living in North America or Europe. Further studies are clearly needed to characterise the different forms of cerumen and their distribution, which theoretically at least could influence treatment.

Cerumen seems to show several differences between adults and children.⁴ For instance, paediatric

cerumen might be moister than ear wax from adults. Moreover, the bolus of cerumen may be smaller and less dense in children than adults.

Several factors could contribute to the latter. Adults might compact their wax with cotton buds, for instance, and cerumen is often in the ear for longer. As a result, removing impacted wax often proves easier in children than adults. Community pharmacists should emphasise that patients should not try to remove wax using cotton buds or excessive



The ear contains the body's only cul-de-sac of stratum corneum. Physical erosion cannot remove skin layers from the auditory canal, which is why we have earwax

Continued on page 26

cerumen by mechanical means. Use of cotton buds increases the risk of impaction and damages the cilia, which help in cleaning the auditory canal.

We found little evidence supporting the traditional view that cerumen protects the middle ear from bacterial and fungal infection (see *Guest*, for references). For example, if cerumen were important, its composition would, logically, alter in response to infection. However, cerumen of patients with otitis externa does not seem to contain more antibacterial polyunsaturated fatty acids than those without. Indeed, the experience of our clinical co-authors suggests that patients with otitis externa produce less cerumen than normal and, as the condition improves, cerumen levels return to normal. Moreover, cerumen production does not vary markedly over the year, despite seasonal differences in infection risk.

Furthermore, impacted cerumen exposed to water, possibly from shampoo or a chlorinated swimming pool, is associated with an increased infection risk. Finally, most microbiological studies suggest that cerumen offers a rich medium supporting microbiological growth for, among others, *Staphylococcus epidermidis*, *Corynebacterium* species, *Candida albicans*, *Pseudomonas aeruginosa* and *S. aureus*. Antibody-mediated immune reactions, rather than cerumen, seem to protect the external auditory canal from infection.

Community pharmacists

Community pharmacists are well aware that impacted cerumen is common. Indeed, between 2 and 6 per cent of the general population suffers from impacted cerumen.⁵ One study found occluding wax in 2.1 per cent of 1,507 adults being screened for hearing loss.⁶ Based on our literature review, we estimated that between 1.2 million and 2.5m people in the UK suffer from impacted cerumen.

Against this background, a Scottish survey of 289 GPs revealed that between five and more than 50 patients a month present with impacted cerumen.¹

The reasons for impacted cerumen are not clear. On average, each GP saw nine patients with impacted cerumen, although almost 13 per cent of those who replied saw at least 21 patients a month. The researchers



Removing impacted wax often proves easier in children than adults

estimated that healthcare professionals syringed 44,000 ears each year in the study's population of around 650,000 people. Assuming the same proportion applies to the whole UK population, healthcare professionals syringe approximately 4m ears annually.

Not everyone with impacted cerumen consults a healthcare professional. Nevertheless around 39.3 per 1,000 patients in the population consult their GP for problems related to impacted cerumen each year, suggesting the problem is serious enough to warrant GP management in 3.9 per cent of the population, equivalent to 2.3m people.⁷ Many more, of course, consult community pharmacists.

Impacted cerumen can cause several symptoms including itching, pain, hearing loss, tinnitus, dizziness, increased infection risk, social withdrawal and poor performance at work. Some patients present with perforated eardrums, although this is usually self-inflicted.

Perforation can lead to perilymph fistula: a tear in the round or oval cochlear windows, which can cause nystagmus, hearing loss and tinnitus.

Moreover, the sudden release of cerumen severely impacted against the eardrum can lead to tinnitus.⁸

Impacted cerumen can arise from several causes, including certain anatomical changes, such as stenosis in the external auditory meatus. Meatal stenosis is bony cartilaginous narrowing of the external auditory canal. Keratosis obturans (characterised by increased keratin production) can lead to a variety of symptoms including marked enlargement of the external meatus. This can also lead to severe cerumen accumulation.

Usually, however, impacted cerumen arises from a failure in the separation of keratinocytes that normally occurs as part of skin turnover. The biochemical factors underlying this failure are poorly understood. However, carotenoids might contribute. Cerumen contains carotenoids and retinoids, which increase epidermal hyperplasia and cerumenous gland activity. Such changes could promote cerumen production and increase the likelihood of impaction (see *Guest*).

Certain groups seem especially prone to develop impacted

cerumen, such as individuals with mental retardation and the elderly. Indeed, ear disease and hearing impairment seem to be disproportionately common among elderly people. In one survey, 8 per cent of patients aged at least 75 years reported "a lot" of difficulty hearing.⁹ Twenty six per cent failed a whispered hearing test. Wax removal reversed hearing loss in 9 per cent of these patients. In another study almost 40 per cent of people in nursing homes showed impacted cerumen.¹⁰ In part, the increased prevalence among the elderly reflects the use of hearing aids, which stimulate cerumen production and inhibit outflow.

Removal

Curettage, irrigation and cerumenolytics are the commonest approaches to the management of impacted cerumen. In rare cases, such as in patients with meatal stenosis, surgery might be appropriate.

In the Scottish survey of GPs, 95 per cent used syringing to remove the wax.¹ GPs used oil in 70 per cent of procedures. Cerumol (paradichlorobenzene and chlorbutanol in arachis oil) and bicarbonate were used in 13 per cent and 8 per cent of syringings respectively. However, as mentioned later, these choices are not based on firm evidence.

Moreover, syringing can cause complications. In patients with perforated eardrums, water and pathogens can enter the middle ear. Residual water can promote infection. In the Scottish survey, failing to remove cerumen accounted for 29 per cent of complications. Otitis externa (17 per cent), eardrum perforation (15 per cent) and damage to the external canal (12 per cent), were the next most common adverse events. Pain, vertigo, otitis media and discovery of a previous perforation each accounted for fewer than 10 per cent of complications.¹

In the same survey, 4 per cent of the GPs used curettage, while the remainder referred patients directly to hospital outpatient clinics. Using a curette requires considerable skill to avoid damaging the eardrum.

Therefore, at first sight, cerumenolytics offer an effective, relatively well-tolerated alternative for impacted or excessive cerumen. Indeed, softeners are often sufficient to treat mild cases of impacted cerumen as well as being used in



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or exposure to partner with a sexually transmitted disease; pregnancy or suspected pregnancy; aged under 16 or over 60 years; known hypersensitivity to imidazoles or other vaginal antifungal products. Medical advice should be sought if the patient has any of the following symptoms: irregular vaginal bleeding; abnormal vaginal bleeding or a blood-stained discharge; vulval or vaginal ulcers, blisters or sores; lower abdominal pain or dysuria; any adverse events such as rash, itching, irritation or swelling associated with the treatment; fever or chills, nausea or vomiting; severe or foul smelling vaginal discharge. This product may damage latex contraceptives (including condoms) and should be advised to use alternative precautions for at least five days after treatment. **Side-effects:** Rarely, local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy:** Only when considered necessary by a physician. **Cost:** 10g tube, £5.99. **MA Number:** PL 0010/0077. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire, RG14 1JA. **Legal Category:** P. **Date of Preparation:** October 2003. Registered trademark of Bayer AG.

Canesten can

conjunction with syringing, reducing the need for surgical removal in more severe cases.

Unfortunately, there are no well-designed, large, placebo-controlled, double-blind studies comparing the various agents and the evidence base is mixed and inconclusive. For example, one study enrolled 302 patients in which cerumen either partially or completely blocked the tympanic membrane. Irrigation with tap water proved as effective as pre-treatment with a softener. This paper (cited in Guest) advocates water as the treatment of choice for impacted cerumen.

Another study found that effective cerumenolytics had an aqueous base. A 10 per cent solution of sodium bicarbonate emerged as the most effective cerumenolytic. Agents that had an organic base showed little cerumenolytic effect. On the other hand, another paper remarks that water and bicarbonate solution can swell the cerumen plug, hindering removal (cited in Guest).

Indeed, numerous factors meant that we could not perform a formal systematic analysis of the efficacy offered by the various approaches. In 5 per cent of patients, impacted cerumen clears completely within five days without treatment. A further 26 per cent show a moderate improvement over this time.¹¹ In addition, patient education may be important to maximise outcomes.

For instance, some patients may not allow the formulations to soak into the external meatus for long enough before putting the head upright again, so that the preparation runs out of the ear. In other cases, the duration of treatment may be too short. Pharmacists need to ensure that their customers fully understand the optimal way to use these agents.

Despite impacted wax being a common problem, we found only one rigorous review that examined the evidence for the best treatment for impacted cerumen.¹¹ This paper concluded that dicarsate sodium

administered 15 minutes before irrigation is the most effective method for aiding cerumen removal in a single GP visit. However, the studies lacked irrigation-only arms. Triethanolamine and olive oil were the next most effective treatments. Carbamide peroxide (urea hydrogen peroxide) proved the least effective in this GP setting.

But the review concluded that urea hydrogen peroxide (5 per cent) in glycerol is the most effective means to remove impacted wax between GP visits and reduces the amount of irrigation needed. However, there was only one placebo-controlled trial, the studies lacked rigorous randomisation and the degree of cerumen impact was poorly defined.

The following were all less efficacious than urea hydrogen peroxide in glycerol, but were of similar efficacy to one another: sterile water; sodium bicarbonate in glycerol; 2 per cent acetic acid; ethylene oxide polyoxypropylene; arachis oil; chlorobutanol; and P-dichlorobenzene.

Such findings could guide pharmacists' advice to their customers as well as aid formulary preparation. However, as mentioned above, impacted cerumen is heterogeneous. Therefore, an empirical approach seems logical: if one particular cerumenolytic fails, trying another may be appropriate.

In conclusion, the causes and optimal management of impacted cerumen require further investigation. Despite the condition being common and associated with several complications, the evidence surrounding the pharmacological management of impacted cerumen is inconsistent and inconclusive. We were also unable to identify any formal cost effectiveness studies.

We hope that our review presents a baseline for future prospective trials and spurs further research into this common condition. Pharmacists and other healthcare professionals are

supposed to follow the edicts and principles of evidence-based medicine and clinical governance. Currently, for impacted cerumen, the lack of evidence makes this impossible.

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Julian Guest, who holds a PhD in neurology, is founder and managing director of Catalyst Health Economics Consultants, a London-based consultancy specialising in health economics and outcomes assessment.

Mark Greener, a former research pharmacologist, now works as a freelance medical writer and bioscience journalist.

Actionplan

1. Are there significant differences between the method of administration of wax-removing eardrops and those used for infection or inflammation?
2. In your practice workbook write a protocol for the administration of eardrops and perhaps print handouts for patients for whom you dispense these preparations.
3. Using the article and the *British National Formulary*, decide which cerumen-removing/loosening eardrops you will recommend. Write down the reasons for your selection in your practice workbook. Make sure your medicines counter assistants know your thoughts.
4. Do you sell a lot of cotton buds to adults, even those without children? Why are they purchased? If it is to clear the ear of wax, do you or should you intervene?
5. Write a protocol in your practice workbook to aid diagnosis of impacted/excess cerumen. It should also provide differential diagnosis to identify more serious conditions such as infection or perforation.
6. If there is pain in the ears, what do you do?

By completing this Pharmacy Update for continuing education are reminded of the need to test. With the help of the CPD module, C&D's readers can self-test their progress by using the multiple choice questions. The CPD module will be inserted in the January 8 issue, which will cover this week's CPP-accredited module. The CPD module will be inserted in the January 8 issue. This will cover:

• **Learning (1323)** • **Vitamins/minerals part 4 (1324).**

A telephone marking service offers independent verification of results - details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

in association with



GENUS PHARMACEUTICALS



At APS Berk we've changed our name, not our service

Welcome to TEVA UK Limited, the new name for APS Berk. 'TEVA' may be a new name to you. If so, you may like to know TEVA has over 13,000 people working in research, marketing and manufacturing, making it the world's largest generics company. Even when you're part of something that big, there's no substitute for local knowledge. We've built that knowledge by having the UK's largest generics sales force. So we don't promise to be 'yours-when-we-get round-to-it' or 'yours-when-we're-next-in-the-area'. But simply Yours. Faithfully.

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Planning a pregnancy is an exciting time but it can also be confusing. Pharmacists and pharmacy assistants are well placed to help women think about their options as there is now clear evidence that making the right choices before conception can help ensure a healthy baby

Neural tube defects such as spina bifida and encephalocele occur when the neural tube, which develops into the baby's spinal column, does not form correctly. In the case of spina bifida this exposes the nerves of the spinal cord and results in varying degrees of damage leading to a range of, often serious, physical disabilities.

It is important to remember that although folate occurs naturally in foods like green leafy vegetables, potatoes, barley, baked beans and chick peas, it is virtually impossible to get the Government recommended daily dosage of 600 micrograms of folic acid through diet alone. A good average diet provides around 200mcg so a supplement providing 400mcg is recommended to prevent first-time neural tube defects. Although 95% of all cases of spina bifida are of this kind, there are rare occasions when spina bifida can run in families, and

where there is a family history of neural tube defects, a much higher dose (5mg) of folic acid should be taken. This dose is only available on prescription.

It is important to note that the neural tube forms during the first few weeks of a pregnancy, before the woman knows she is pregnant, so it is vital to encourage all women who are trying to conceive or who could become pregnant to take folic acid on a daily basis. For these women, there are no risks associated with the long term use of folic acid, indeed it has been shown to have a number of beneficial effects including keeping the heart healthy.

Folic acid can be prescribed and the RPSGB's *Code of Ethics and Standards* recommends pharmacists

supply products which have a marketing authorisation in preference to an unlicensed food supplement when fulfilling a prescription, as they have additional information and guidelines about the product and its uses.

Pharmacy assistants are ideally placed to raise awareness of the importance of folic acid. They can offer advice to women or partners buying ovulation or pregnancy testing kits. In addition, appropriate point of sale material could help to raise awareness of the benefits of folic acid.



Promotion

Preconceive for your folic acid needs before and during pregnancy

Preconceive from Lanes is a folic acid supplement that has been developed to provide the recommended 400mcg a day in one easy-to-swallow tablet and is the only folic acid supplement on the drug tariff list.

Preconceive provides the consumer with detailed on pack information regarding the benefits of folic acid and combined with our *Trying for a Baby* leaflet and other point of sale material helps raise the profile of this vital nutrient.

Kirsty Cartwright, brand manager, Lanes, said: "Looking at

previous research, there is clear evidence showing the benefits of folic acid in the prevention of neural tube defects, and we are keen to raise awareness of this supplement amongst women who are of child-bearing age. The problem is that women often don't know they're pregnant, precisely at the time they should be taking folic acid. We want to encourage all women who could become pregnant to take folic acid on an ongoing basis as around 50% of pregnancies aren't planned".

"By advising customers who

enquire about pre-pregnancy care of the need to increase their intake of folic acid hopefully the number of cases of neural tube defects can be greatly reduced."

For more information telephone **01452 507 458** or visit **www.preconceive.co.uk**.

Reference: 1 As stated by Rosemary Martin, senior Adviser of health and policy, the Association for Spina Bifida and Hydrocephalus, in *National Health Matters Magazine* (Sept 2000).



BP testing in three easy steps

Microlife Health Management is launching an easy-to-use home blood pressure monitor range into pharmacies.

The As Easy as 123 range features specially designed monitors with single button operation and extra large digital displays.

Research carried out by Microlife shows that 72 per cent of the blood



pressure monitor market is made up of people over 60 years old.

Nearly 60 per cent of the people in this age group questioned gave the main reason for not buying a blood pressure monitor

as: "It would be too complicated for me to use once I got it home."

The range comprises three monitors – Wrist BP Monitor, Semi-Automatic BP Monitor and Automatic BP Monitor. The monitors are A/A graded by the British Hypertension Society.

The packaging features large colourful numbers and clear instructions to highlight the three easy stages of use and to reassure consumers.

The launch will be supported by advertising in national newspapers and on posters, bus sides and taxi

cabs. The first phase of the advertising is scheduled for January until April. There will also be a free patient booklet and national consumer competition highlighting the importance of knowledge about blood pressure measurement.

Price: wrist monitor £34.98; semi-automatic monitor £39.98; automatic monitor £44.98

Pip code: wrist monitor 312-1514; semi-automatic monitor 312-1506; automatic monitor 312-1498
Microlife Health Management
Tel: 01424 434300

Vantage targets cold sores

AAH Pharmaceuticals is launching a cold sore treatment into its Vantage own-label range.

Vantage ClearSore Aciclovir Cream 5 per cent w/w is formulated for the topical treatment

of cold sores on the lips and face.

Price: £2.99

Pack size: 2g

Pip code: 312-5689

AAH Pharmaceuticals Ltd

Tel: 02476 432000

Diabetes guides to improve customer care

Roche Diagnostics has produced a series of educational

advice

leaflets

designed

to improve

customer

care and

support for

people with

diabetes.

The leaflets have been introduced following feedback from a diabetes survey run via the Accu-Chek website earlier this year.

Written by diabetes specialist nurses, the leaflets

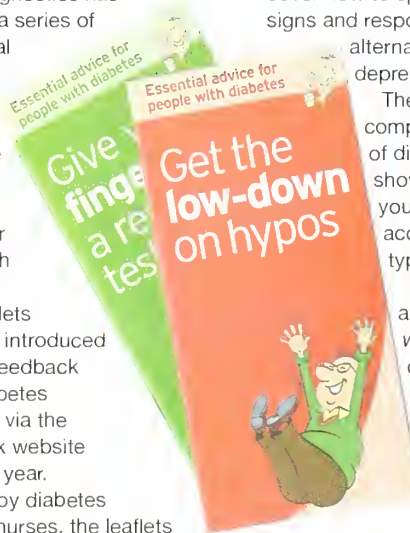
cover how to spot the warning signs and respond and advise on alternate site testing, depression and diabetes.

There is also a guide compiled by a group of diabetes specialists showing how regularly you should test according to your type of diabetes.

The leaflets are available via www.accu-chek.co.uk or from the Accu-Chek Careline.

For more information:

Accu-Chek Careline
Tel: 0800 701000



Benylin 4Flu™ Monitor

Brought to you by Benylin®

Dec 4

KEY FACTS

- This week Newcastle, London and Manchester are on Pre-Alert, with all other cities shown on Advisory status
- Over 4 million people (7.6% of the population) will be suffering from a respiratory illness

Coughing, sneezing, sore throat, runny nose, fever, aches and pains, nasal congestion and coughing – cold and flu is more effective without prescription

www.coughandcoldadvice.com

For more information

Sources: SDI

Lemsip is set for take off

Reckitt Benckiser Healthcare is backing its Lemsip brand with a winter TV campaign during the cold and flu season.

A new commercial for Lemsip Cold & Flu Sinus 12Hr Ibuprofen + Pseudoephedrine features a sinus suffering stewardess on a long-haul flight.


Two other advertisements will support Lemsip Max Cold & Flu, and Lemsip Max Sinus



All Night Decongestant Spray. The campaign will be on air until January.

For more information:

Reckitt Benckiser
Tel: 01482 326151

A devil with horns and a pitchfork looks up at several packs of Nicotinell chewing gum flying through the air like rockets. The packs are in various colors: green, purple, orange, and brown. The background is a light blue sky.

Watch out! Nicotinell is flying.

- ⚡ The tastiest range of coated gums ever.
- ⚡ The fastest growing gum on the market.*
- ⚡ The fastest growing brand in the NRT market.*
- ⚡ New £2million TV and poster campaign.

Nicotinell®

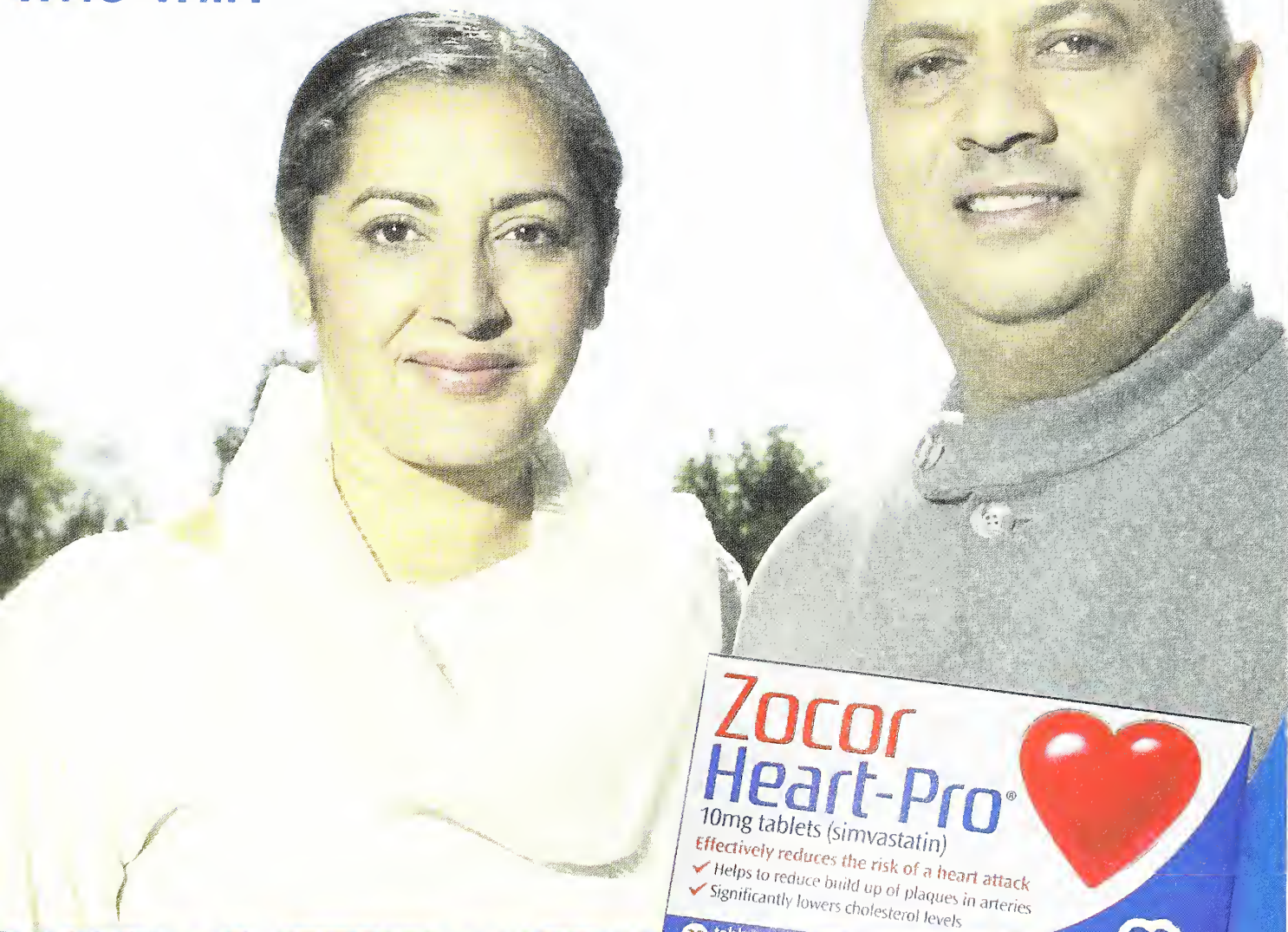
NICOTINE

IT NEEDN'T BE HELL WITH NICOTINELL

NICOTINELL® FRUIT, MINT AND LIQUORICE 2MG & 4MG CHEWING GUM (Nicotine). **Presentations:** Chewing gum containing 2mg and 4mg nicotine. In fruit, mint and liquorice flavour. **Indications:** Treatment of nicotine dependence, to aid to smoking cessation. **Dosage and Administration:** Stop smoking completely when starting treatment. One piece of gum to be chewed when the user feels the urge to smoke. Normal use is one piece per day, up to a maximum of 25 pieces of 2mg gum per day or 15 pieces of 4mg gum per day. The higher strength is used for those with a strong nicotine dependency. After 3 months, the user should gradually reduce the number of pieces chewed. Children and young adults: To be used in people under 18 years only on medical advice. **Contra-indications:** Non-smokers, occasional smokers. As with smoking, Nicotinell is contraindicated in acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident and known hypersensitivity to any of the excipients. **Pregnancy & Lactation:** Use only on medical advice. **Precautions:** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, fructose intolerance, alcoholism, which is contra-indicated. **Side Effects:** Smoking cessation causes many withdrawal symptoms. Events which may be related to smoking cessation include headache, sleep disturbances and gastro-intestinal disturbances. May cause throat irritation, hiccuping, minor indigestion or heartburn. **Legal Category:** Class A. **Product Licence Nos, Trade Mark and Suggested Retail Price:** Nicotinell Fruit 2mg Chewing Gum (PL 0030/0162) and Nicotinell Mint 2mg Chewing Gum (PL 0030/0164) in packs of 12 \$1.59, \$2.79, packs of 24 \$3.01, \$5.29 and packs of 96 \$8.26, \$14.49. Nicotinell Fruit 4mg Chewing Gum (PL 0030/0163) and Nicotinell Mint 4mg Chewing Gum (PL 0030/0165) in packs of 12 \$1.70, \$2.99, packs of 24 \$3.30, \$5.79 and packs of 96 \$10.25, \$17.99 and Nicotinell Liquorice 4mg Chewing Gum (PL 0030/0166) in packs of 24 \$3.30, \$5.79 and packs of 96 \$10.25, \$17.99. **PL Holder:** Novartis Consumer Health, Birmingham, RH12 5AB. **Date of Preparation:** February 2004. *% increase in outlets = 12 w/e to 4th September 2004

Many of your customers aren't aware they need your help.

If you don't tell them, who will?



Now, you can do more to help people of South Asian origin: Customers who don't realise that they are at moderate risk of a heart attack simply because of their ethnic background. Now, as well as giving them good advice on heart health, you can get them to take positive, preventive action. When you find that a customer could be at moderate risk, that's a 1 in 10 to 1 in 7 chance of a heart attack in the next 10 years, you can give them the good news that taking Zocor Heart-Pro® can reduce their heart attack risk, for example, by about a third over 3 years. Their risk stays lower as long as they continue to take Zocor Heart-Pro®. We've given you the tools to identify customers at moderate risk, so that you can supply them with Zocor Heart-Pro® without a prescription, as part of a healthy heart programme. Together, we can start saving lives.

Mums create their own toddler meals

Heinz is launching a new range of toddler meals based on real mums' recipes.

Heinz Mum's Own Toddler Meals come in a microwaveable tray that can also be used as a serving bowl. The trays are designed to be light and convenient to take out and about.

The range comprises four nutritionally balanced recipes – Casserole with Vegetables and Lean Beef by Jenny Mackenzie, Pasta with Chicken and Cheese Sauce by Barbara Cleary, Chunky Vegetable Risotto by Jenny Appleyard and Baked Bean Surprise by Tiffanie Linden.



The meals are suitable for children over 10 months.

Heinz is running a consumer promotion across its wet and dry weaning range. Parents can collect on-pack

tokens for a free swim time, a free book offer and studio portraits.

Price: £1.10

Pack size: 230g

H J Heinz Co Ltd

Tel: 020 8573 7757

Heinz drives snack sales for the little ones

A new range of toddler finger foods is being introduced under the Heinz Farley's brand.

The range comprises three products positioned as healthy, convenient snacks between meals for consumption on the go. The snacks are suitable for toddlers aged 12 months and over.

Mini Cheese Biscuits are made with real cheese and each bag contains 25 per cent of a child's RDA of calcium. They come in a four x 25g multipack.

Heinz says that the biscuits are

typically lower in fat and salt than most snacks aimed at children.

Mini Fruit Bears, which are made with real orange juice and pulp, offer more than one third of a child's RDA of vitamin C in every bag. They are packaged in four x 30g bags.

The range is completed with Fruity Cereal Bars which are fortified with iron and come in a pack of six bars.

Price: £1.89

H J Heinz Co Ltd

Tel: 020 8573 7757



older opportunity for Rimmel

launching a glamorous range of Full Volume lipstick in its new range.

Rimmel Full Volume Gold lipstick is a high-shine version of the original formula shot

through with gold reflective pearls.

The lipstick is formulated to smooth lip contours, fill in fine lines and add shine for full looking lips.

It comes in five shades – Golden

Girl (blue pink), Gold Star (fuchsia), Gold Digger (red), Good as Gold (nude coral) and 24 Carat (brown).

Price: £4.99

Coty (UK) Ltd

Tel: 020 8971 1300

New year relaunch for Nelsons Arnica

Nelsonbach is relaunching its Nelsons Arnica cream with a new name and look from January.

Arnicare Arnica cream will be the first in a new homoeopathic range to be called Arnicare.

The new packaging is designed to widen the product's appeal for treating bruises (Arnica already accounts for 30 per cent of the Nelsons branded business).

The packaging features a simple cross symbol to help people understand the product's role in first aid situations in the home.

There will be a four-month transition period in the spring before the brand is launched to the public with a media campaign in April.

Price: £3.95

Pack size: 50g

Nelsonbach

Tel: 020 8780 4200

Easy opening for foil pill packs

A lightweight, portable device has been designed to help people who have difficulty removing pills and tablets from foil blister packaging.

Pill Press is suitable for people who suffer with arthritis and other forms of muscular weakness in their hands and finger joints. People who are visually impaired can also find handling small pills a problem.

The device is used by pressing the pack of pills over an enclosed well with the foil side of the pack facing downwards.

The user can then press down on the top of the pill to push it through the foil into the well. The pill can then be safely tipped out into the palm of the hand.

It is estimated that over 90 per cent of all pills sold OTC and by prescription are now dispensed in foil blister packs.

Price: £3.95

REXCOM Europe Ltd

Tel: 01794 516677



Rennie sponsors festive viewing

Roche Consumer Health is investing £2 million in a campaign to support its Rennie indigestion remedy over the two week Christmas period when people traditionally over-indulge.

The brand will sponsor Christmas TV programmes from December 15 with a focus on 'everyone's favourite food at Christmas' and the

taste of Rennie Soft Chews.

The TV sponsorship will be reinforced by press advertising in TV listings magazines. The advertisements will feature the slogan 'Christmas never tasted so good'.

For more information:

Roche Consumer Health
Tel: 01707 366000

Christmas closures

Coloplast will close at 3pm on December 24 and reopen at 9am on December 29. It will be open until 3pm on December 31 and will close until 9am on January 4.

Roche's drug information desk for enquiries on prescription medicines will close at 5pm on December 23 and reopen at 9am on January 4. The company's customer services department will close at 4pm on December 24 and reopen for normal service on January 4. A skeleton service will operate from 9am until 4pm on December 29, 30 and 31. When closed, there will be an emergency only service for both Roche

departments on 01707 366000.

Shire Pharmaceuticals will close at midday on December 24 and reopen at 9am on January 4.

Emergency-only cover will be available during the closed period.

Solvay Healthcare medical information will close at midday on December 24 and reopen at 9am on January 4. Urgent medical enquiries can be made on 02380 467000. The company's customer services department (orders) will be open on December 29, 30 and 31.

Tillomed Laboratories will be open on December 29, 30 and 31 when orders will be processed as usual.

C&D holiday changes

Over the Christmas and New Year period, C&D will be published on December 18 (combined with December 25) and January 8 (combined with January 1). Copy dates for advertising in the December 18 issue are December 8 (display) and December 14 (classified). For advertising in the January 8 issue, copy dates are December 15 (display) and January 4 (classified).

Recommend A New and Natural Way to Help Relieve Back, Shoulder and Neck Pain

What is Cura-Heat?

- ◆ Cura-Heat is an air-activated heat pack that provides targeted warming relief from back, shoulder and neck pain. The heat radiates to the source of pain, increasing circulation, decreasing stiffness and relaxing sore muscles.
- ◆ Many people use topical analgesics (rubs/lotions) to help treat this kind of pain. These can be messy and highly scented.



Always read the instructions.

How does Cura-Heat work?

- ◆ Each Cura-Heat heat pack contains iron powder, water and salt. When these ingredients come into contact with the oxygen in the air, the ingredients oxidize and produce heat. The heat generated has been specially designed to ensure a constant and comforting heat.

How long does Cura-Heat last for?

- ◆ Cura-Heat delivers a comforting heat for a full 12 hours. As it is air-activated, it starts to warm up as soon as it is removed from its protective sachet.
- ◆ It takes 20 minutes to warm up and it maintains an average temperature of 50.4 degrees C for a full 12 hours.

How to Use Cura-Heat

- ◆ Simply remove the heat pack from the sachet then peel away the paper strip and apply the pack to clothing/underwear over the painful area. (Do not apply directly onto the skin).
- ◆ Press firmly in place and the warming therapeutic relief will begin.

Why Use Cura Heat?

- ✓ 12 hours of warming relief.
- ✓ It is portable and can be used anywhere
- ✓ Provides constant and comforting heat
- ✓ Fragrance-free
- ✓ It is non-medicinal.

Cura-Heat is priced at £3.99 and contains 3 heat packs. Available from major wholesalers - PIP Code 299-2048



For further information contact
Maverick Sales and Marketing Ltd
2nd Floor, 81 Station Road, Watlington, Bucks SL7 1NS
Telephone: 01628 478 125



With the weather getting colder, and the incidence of coughs and colds on the rise, your customers may be asking you if they should sniff and bear it, or take time off to recuperate. This Pharmacy Forum looks at patient attitudes as revealed in a survey by Vicks, and offers some advice pharmacists might want to pass on to customers ...



Upper respiratory tract infections such as sore throat and colds are among the most common of all minor ailments. On average, adults will suffer two attacks each year, and 80 per cent of all colds are contracted during the annual 'cold season' which runs from September until March.

In the past, many people may have opted to either see their GP or suffer in silence. But there is growing public awareness of antibiotics' ineffectiveness against such viral infections (promoted by the Department of Health in its annual 'Antibiotics: Don't Wear Me Out' campaign). This, coupled with a range of advice encouraging people to self-medicate, means people are increasingly likely to choose an over-the-counter product to relieve their symptoms.

Soldier on or admit defeat?

A recent study by Vicks of 6,000 UK office workers has shown a cynical culture to be emerging in many workplaces, involving feelings of distrust and insecurity between bosses and employees.

This means many people who wake up feeling unwell with cold symptoms face a quandary over whether to go into work despite feeling too unwell to perform their normal duties, or take sick leave.

Of those questioned in the Vicks survey, three quarters said they thought their boss doubted them if they called in sick, especially on a Monday morning. Over four-fifths of workers felt they jeopardised their chances of promotion if they took time off sick, and 70 per cent said taking too many sick days made them doubt their job security, even if they were genuinely ill.

In addition, half admitted they would choose to go into work if they were ill after a weekend, rather than risk

angering their manager.

These worries can start a vicious cycle, says Professor Ron Eccles of The Common Cold Institute in Cardiff. "Stress tends to lower our resistance to infection and may make us susceptible to severe colds," he explains. And those who think they will be less stressed if they struggle into work may be doing more harm to themselves than good.

"If you're tired or run-down, a cold can present itself more severely and symptoms can be more debilitating," Professor Eccles says.

Peer pressure

The confusion surrounding 'cold etiquette' does not stop at workers' concerns regarding employers' attitudes. Four out of five of those surveyed said they worried their co-workers would consider them to be skiving if they took time off with a cold, and a third feared workmates would use their absence to curry favour with the boss. Yet just under two thirds of those questioned said they worried about annoying their boss by passing their cold onto colleagues.

So how should this dilemma be tackled? Professor Eccles says most colds are inconsequential and don't warrant taking sick leave. But he warns: "The disease does have a wide range of

severity and if you're feeling really ill with feverish discomfort and other generalised symptoms such as muscle aches and pains, then it's better to rest and let your immune system fight the infection."

In addition, the study revealed that men and women have different attitudes to illness and work. Nearly half the men surveyed cited a disbelieving boss as the main reason for going into work despite feeling unwell, whereas only a quarter of women expressed this concern.

The primary motive for females who decided to go into work when ill was a desire keep going and not let the cold get to them. Moreover, women were more likely to find a way round the issue, with over a third saying they would try and work from home compared to just 25 per cent of men.

Addressing employers' attitudes

It appears that workers' concerns may be well founded. A survey of employers by UK business and advice provider Croner found that 88 per cent thought a heavy cold was not an adequate reason for their employees taking time off.

But the company warns this may be adding to a growing 'martyr culture' in

When to refer

Cold sufferers should seek medical advice in certain situations including:

- Patients who have had a cough for over two weeks
- Patients whose cough has significantly worsened over a short period of time
- Productive cough with dark yellow, brown, green or bloodstained mucus
- Shortness of breath, especially in the elderly
- A very high temperature

- Severe chest pain on coughing or breathing in
- Sore throat that is not improving after a week, is persistently hoarse, or is accompanied by rash, a stiff neck or difficulty swallowing
- Earache
- Patients with asthma or bronchitis
- Patients with ulcers or blisters on the lips and inside the mouth
- Infants aged below three months



For those patients who feel they don't have time to take it easy, a hard working remedy can help relieve cold symptoms, allowing the body's natural defences to fight the virus and patients to get on with their lives. With over 100 years of expertise, the Vicks brand is constantly investing in research and development, finding new ways to help patients cope with colds during their daily lives.

Powerful Relief at Night

A good night's rest allows the immune system to fight the virus, although the symptoms of a cold can keep sleep at bay. Recommending a powerful multi-symptom relief (MSR) product that fights a cold through the night will help patients face work the next day.

Vicks Medinite

is a pharmacy only product, which combines four key ingredients to offer hardworking, multi-symptom cold relief that actively

combats several common cold symptoms simultaneously at bedtime.

- Pseudoephedrine Hydrochloride helps clear a blocked nose to make breathing easier
- Paracetamol fights symptomatic pain head on and diminishes fever
- Dextromethorphan Hydrobromide calms a dry cough which in turn aids restful sleep
- Doxylamine Succinate, an anti-histamine which

helps dry a runny nose and stop sneezing

Due to the '4 in 1', multi-symptom relief formula, there is no more effective night-time cold treatment.

Meanwhile, **Vicks VapoRub** helps relieve the symptoms of a



cold so patients can breathe more easily and therefore sleep more soundly. Containing Menthol, Eucalyptus and Camphor to provide effective relief from the most bothersome symptoms of a cold, **Vicks VapoRub** can be used in conjunction with other treatments.

Powerful Daytime Relief

Stress tends to lower our resistance to infection and may make us susceptible to severe colds. So if patients are intent on carrying on as usual with hectic working days and busy social lives, recommending a fast working product in an easy to use format will help.

Decongestant nasal spray, **Vicks Sinex**, provides fast, effective relief from a blocked nose and stuffy head. Containing Oxymetazoline, a topical vasoconstrictor, **Vicks Sinex** goes straight to the site of the problem, working to clear a blocked nose in minutes, causing minimum inconvenience for patients, yet giving long lasting relief.

While for those on the move, **Vicks Inhaler** is a specially designed, portable decongestant, to help clear stuffy noses wherever and whenever. Vicks Inhaler contains Menthol, Camphor and Siberian Pine Needle Oil to help the patient breathe more easily.



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- 3 Psychological stress and susceptibility to the common cold. *NEJM* 1991; 325: 6006-612
- 4 Minor Illness or Major Disease? Clive Edwards and Paul Stillman
- 5 Croner press release, May 6, 2004

Vicks VapoRub

Active ingredients: Levomenthol 2.75%w/w, Camphor 5.00%w/w, Eucalyptus oil 1.50%w/w, Turpentine oil 5.00%w/w. Indications: For the symptomatic relief of nasal catarrh and congestion, sore throat, also coughs due to colds. Dosage and administration: Adults: Rub VapoRub liberally onto chest, throat and back, rub in well and leave clothes loose for easy inhalation or melt two teaspoons in very hot water (not boiling) and inhale the vapours. Children (infants and babies over 6 months): Apply VapoRub to the chest and back and rub in well, leaving clothes loose for easy inhalation. Contraindications: Use in babies under 6 months of age. Precautions, side effects and warnings: Patient should not swallow product or place product in nostrils. Patient should see doctor if symptoms persist or fever develops. Keep out of reach and sight of children. Product licence number: PL 0129/D130. Product licence holder: Procter & Gamble (Health & Beauty Care) Limited, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. Legal category: GSL. Price (excluding VAT): £2.54. Date of preparation: November 2002.

Vicks Sinex Decongestant Nasal Spray

Active ingredients: Oxymetazoline hydrochloride 0.05%w/v. Indications: For symptomatic relief of congestion of upper respiratory tract due to common cold, hayfever or sinusitis. Dosage and administration: Nasal administration. Adults and children over 6 years: 1-2 sprays per nostril every 6-8 hours unless otherwise advised by a doctor. Contraindications: Patients who suffer from high blood pressure, any heart complaint,

diabetes, thyroid disease, hepatic or renal disorders. Precautions, side effects and warnings: Patient should see doctor if they feel worse, or not feel better after 7 days, are taking other medicines, intend to become pregnant, are pregnant, are breastfeeding or if new symptoms develop. Keep out of reach and sight of children. Product licence number: PL 0129/S011R. Product licence holder: Procter & Gamble (Health & Beauty Care) Limited, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. Legal category: GSL. Price (excluding VAT): £2.97. Date of preparation: April 2003.

Vicks Medinite

Active ingredients: Dextromethorphan hydrobromide 0.05%w/v, Doxylamine succinate 0.025%w/v, Paracetamol 2.00%w/v, Pseudoephedrine hydrochloride 0.20%w/v. Indications: For treatment of symptoms of the common cold, accompanied by sneezing, headache, bodyache, sore throat, cough and nasal congestion. Dosage and administration: Oral administration. Product to be taken at bedtime. Adults (including the elderly): 30ml in dosing cup provided. Children 10-12 years: 15ml in dosing cup provided. Not recommended for children under 10 years of age. Contraindications: Patients with any of the following conditions: cardiovascular disorders (including hypertension), thyroid disease, diabetes, on monoamine oxidase inhibitor therapy, severe hepatic or renal insufficiency. Known hypersensitivity to any of the ingredients. Precautions, side effects and warnings: Do not administer to children under 10 years except on medical advice. Do not exceed stated dose. Keep out of reach and sight of children. Contains paracetamol. Do not take

with other products containing paracetamol. May cause drowsiness. Patients should not drive or operate machinery. Avoid alcohol. If symptoms persist consult your doctor. If you are already taking any other medicine or receiving prescribed medication, consult your doctor before using this product. Prolonged use should attract medical attention is not advisable. Contains alcohol. Product licence number: PL 0129/S009R. Product licence holder: Procter & Gamble (Health & Beauty Care) Limited, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. Legal category: P. Price (excluding VAT): £3.82. Date of preparation: April 2003.

Vicks Inhaler

Active ingredients: Menthol 125mg, Camphor 50mg, Siberian pine needle oil 10mg. Indications: The relief of nasal congestion associated with allergic and infectious upper respiratory tract disorders. Dosage and administration: Nasal administration. Adults and children over six years: Insert Vicks Inhaler into each nostril holding other nostril closed and inhale deeply. Use as frequently as needed. Not recommended in children under six years. Contraindications: Use in patients hypersensitive to any of the ingredients. Precautions, side effects and warnings: Patient should see doctor if symptoms persist. Not to be given to children under 6 years of age. Keep out of reach and sight of children. Product licence number: PL 0129/S009R. Product licence holder: Procter & Gamble (Health & Beauty Care) Limited, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. Legal category: GSL. Price (excluding VAT): £2.54. Date of preparation: November 2002.

Ship shape shop?

The new pharmacy contract is looming on the horizon and brings with it unprecedented emphasis on your pharmacy's image and whether it offers the necessary facilities. **Fiona Salvage** asks shopfitting experts to divulge their knowledge on what's essential and what's desirable

CONTRACT

Everyone suspected that consultation rooms were going to be a requirement for certain services under the new pharmacy contract, but it seems not everyone took the quantum leap and installed one. Shopfitters are predicting a bumper year for 2005; many are already receiving numerous phone calls and doing initial scoping visits to pharmacies. A lot of the time, pharmacists wish to retain most of the shop and just add a consultation room. Not quite as easy as it sounds. Yet others are using the opportunity to take a good hard look at their pharmacy, their

working environment in the dispensary, and are taking steps to improve their own and their staff's working day and the experience for their customers.

Whose advice do you take when you are embarking on this journey? A shopfitter's? A manufacturer's? PSNC's? The NPA's? The multiples and chains? C&D's? We think you should hear it direct from those who work in shopfitting or have plenty of experience in this area. Why not take onboard all of their advice and come up with a unique solution for your own pharmacy?

PSNC's view

Alastair Burton, PSNC head of NHS Services, outlines what he thinks are the shopfitting essentials in light of the new contract

The new contract will see a number of new services. Essential services, such as repeat dispensing and advice on healthy lifestyles will be provided from all pharmacy premises; additional optional services such as the medicines use review, advanced service and some of the locally commissioned enhanced services will be provided from many premises.

It is inevitable therefore that this new provision will act as a spur for many pharmacy contractors to consider the way their pharmacy functions and the physical layout. This may provoke a minor refit in order to improve the efficiency of dispensary operations or the addition of a patient consultation area, or it may be that contractors decide that the time is right for a wholesale change in the layout and appearance of the premises.

The new contract itself will not mandate any premises changes as a consequence of providing the essential services; however, all contractors should bear in mind their responsibilities to make reasonable adjustments to premises in order to comply with the requirements of the Disability Discrimination Act 1995 (as recently described in a series of *C&D* articles).

However, those contractors who want to start providing the advanced services (medicines use review and prescription interventions) at an early point will need to start considering whether they need to make alterations to their premises now.

The advanced services have accreditation requirements for the premises which must be fulfilled before contractors can start providing the services. The requirements centre on the need for a consultation area in the pharmacy



where the services can be provided. This could be a closed room, but it does not have to be as long as the following requirements are fulfilled:

- The area should allow the patient and pharmacist to sit down together;
- The patient and pharmacist should be able to speak at normal volumes without being overheard by other customers or staff in the pharmacy;
- The area should be clearly signed as a private consultation area in order to prevent members of the public wandering in while a consultation is being conducted.

These are the basics which any consultation area will have to meet in order to satisfy the accreditation requirements of the advanced services; however it would normally seem sensible that any area contains a flat work surface on which to work. It is also likely that in time contractors may want to locate a computer in the consultation area – this necessitates adequate provision of electrical

sockets in the area and possibly a computer network point.

The area will need good illumination and depending on its location there may be a need to use soundproofing materials to ensure the privacy of patients.

It is likely that contractors will initially 'self-certify' that their consultation area meets these requirements by writing to the local PCT. The PCT will be able to check that the requirements have been met during any monitoring of the contract they conduct.

PSNC would recommend that any pharmacy contractor who is planning to install a consultation area in their pharmacy gives due consideration to the possible future uses of the area; initially it may only need to meet the requirements listed above, however in time the consultation area may need to be used to provide extra services which require additional facilities. For example, if a contractor is going to provide a health screening service in the future, there may be a need for workbench space and storage areas for equipment and also hand washing facilities. Giving consideration to 'future proofing' consultation areas right from the start may save the need for extra investment in the future.

Consumer surveys have highlighted the desire of the public to see consultation areas installed in pharmacies; it is also the most frequently highlighted issue when PSNC has had discussions about the new contract with patient groups. If contractors do want to provide more services in the future, they would do well to consider these requests from patients and consumers; new income streams in the future may well rely on the pharmacy premises being fit for purpose.

The shopfitter's view

Dollar Brie expresses its view on the new contract requirements

Q In an ideal world what design elements would a pharmacy need for the new contract?

A The dispensary would still be at the heart of the operation. To exploit fully the potential and business opportunities of the new pharmacy contract, the trappings of many of the best-performing, growth-oriented independent community pharmacies of the future would almost certainly include a dispensary that manages to be up-to-date, efficient, well organised, more ergonomically planned, and a productive work environment. As well as harnessing the latest information technology, it would be designed to optimise:

- speed and accuracy in processing scripts;
- the time the pharmacist can spend in

dialogue with patients;

- use of space;
- visibility; and
- security.

It would also have a drug storage and management drawer system and perhaps, depending on the dispensary volume, be equipped with automatic or robotic dispensing systems. An integral and important part of the business would be the inclusion of an advice point, a consultation area and a suite of rooms for the use of other healthcare providers. While the advice point would be more open in design and be part of the pharmacy environment, the form and style of the consultation room, located in a dedicated area, might differ from one pharmacy to another. It



Touch screen technology and access to a consultation room were included in a Dollar Rae refit



could be one that is glass walled and that initially patients can see into, but becomes totally private and screened off when a consultation takes place.

Another could be semi-enclosed, but both would be decorated and furnished in a patient-friendly, confidence-inspiring manner and also be equipped with a computerised information point and wash-hand basin. The consultation area would be used for delivering services such as medicines management, medication review, "near patient" diagnostic testing and screening, diabetes screening, blood pressure monitoring, CHD screening, cholesterol tests, minor ailments management, methadone administration, and smoking cessation advice. The consultation rooms are required for the provision of these additional services and for partnering with other healthcare professionals. The number of healthcare professionals you link with would correlate with growth and market share and also be a source of competitive advantage.

The pharmacy would have a sizeable area provided to allow patients to access information easily, advice and assistance on a range of health, lifestyle and social issues through one-on-one contact, large plasma screens, interactive touchscreen equipment, and a wide range of literature regarding lifestyle aspects of health.

To set the business apart from that of a normal community outlet, communicate that key part of the primary healthcare team also to reflect the additional patient services being provided, the pharmacist would need to create the need for, and advantage of, this business invested with a distinctive and professional image, externally and internally. The image would not compromise the importance of the pharmacy's retail side. The environment would offer a total

experience. Well laid out and fully coordinated, it would exude a professional and clinical atmosphere. It would be an atmosphere, though,

that is inviting and engaging, that respects the user and the staff and builds customer loyalty and retention.

Q In a realistic world, what will be the bare minimum?

A There is still a great need for a well-equipped, efficient and open-style dispensary and the creation of a patient-friendly environment. A private or semi-private consultation area, preferably, would be needed. If space is at a premium, though, there should be at least a defined, semi-enclosed advice area. The provision of public health advice and guidance, including printed material on a range of health-related matters, together with lifestyle information, and a directory of the services available in the pharmacy would obviously be expected.

Q What else is "in" in shop design?

A Having the right kind of professional environment, underpinning and reflecting the pharmacist's new extended role. One that is not over the top. One that is calming and confidence building where patients and customers feel comfortable and relaxed rather than hurried and intimidated.

More of the refit budget is being earmarked for consultation rooms, ensuring they are hygienic; well furnished rather than stark, cold and dismal; and that they strike a balance between the need for private and semi-private consultations. There is an increased awareness of the need for and the benefits of the use of specialist lighting schemes and of imagery involving graphics and signage that is applied strongly, clearly and consistently

throughout the pharmacy business.

Also in are automatic sliding doors, entranceway ramps, wider aisles – because of recent disability legislation – consultation areas, extra counter till points to minimise delays for customers, a good climate control system, clearly defined product categories, well presented merchandising displays, and the promotion of health and lifestyle advice via large plasma screens and LCD monitors installed within the pharmacy.

Q What services are available to help pharmacists plan and execute their shopfitting?

A The examples of other successful pharmacies in the marketplace. We are a specialist company with industry-specific experience, a great track record and an in-depth understanding of community pharmacy practice. We offer fully integrated planning, project management and design service and we have the capability to extend the business boundaries of pharmacies keen to move into the future. We can handle all the stages and different aspects of the project design/management, underpinned by a total commitment to drive things all the way through to a successful outcome. There is also assistance available through visiting company websites on the internet.

Q What elements of pharmacy design have you found most or least effective?

A Most effective is thorough and detailed planning, functionality and the creation of a strong professional image that meets the objectives of the business. Also, a visual identity system of graphics and signage that is applied throughout a business with consistency and clarity. The installation of properly equipped and furnished consultation rooms and specialist lighting schemes.

In the least effective category would be poor planning, poor lighting, poor overall coordination and a failure to raise the level and standing of community pharmacy to make it distinctive and above the ordinary.

The NPA's view

Neil Whitlock, NPA head of planning and design, answers C&D's shopfitting questions

Q In an ideal world what design elements would a pharmacy need for the new contract?

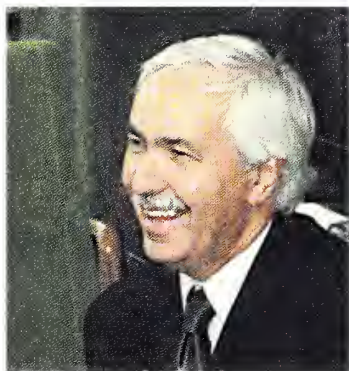
A The planning department of the NPA, working with pharmacists, has been installing consultation areas for a number of years. It future-proofs them. As the negotiations have been closely guarded between the NHS and PSNC, the NPA was worried if in the past it had done enough. In fact, it seems the NPA was on the button; perhaps even over the top.

Consultation rooms provide the best chance to deliver additional services to customers. However, you have to be mindful of the safety aspect of a room with a door. The proposed accreditation needs for the new contract is suggesting a consultation 'area' to meet the advanced level, this will not require a door and its total design is quite basic.

Q In a realistic world, what will be the bare minimum?

A A sensible approach to the bare minimum would be a consultation area without a door, which affords privacy for conversation and visual needs. The space need not be over generous, but should have enough room for two people to sit down. The NPA would also suggest that some form of table and leaflet holder are included. Where the consultation area is positioned is very important; the NPA says it should be positioned near to the dispensary, so the pharmacist can keep an eye on the staff and vice versa, which is common sense. A consultation room at the front of the shop is totally inappropriate, especially for additional services such as dispensing methadone.

Some people are worried that their pharmacy is so small they will not be able to form any sort of enclosure, and because it is going to be part of the accreditation (for advanced services) this poses a real dilemma for some. If you can't find space, we understand that a relaxation will be agreed, so that a remote area can be used (subject to convenience and safety). The Disability Discrimination Act



must be considered in your set up, especially for access, so when designing your consultation area and its location give thought to your customers' needs. It's no good opening up the first floor of your premises if the staircase access doesn't meet DDA requirements!

At the moment, the enhanced level doesn't come under accreditation. The NPA would like pharmacies however to try and future-proof themselves by including features such as a sink, a worktop/table and a power point for IT use. Always bear in mind safety needs for these consultation areas, in particular when not all of the customers are known to you.

Q What else is "in" with regard to shop design?

A Pharmacists are taking a holistic view. They are becoming more proactive in talking to customers and coming out from the dispensary. In pharmacy planning, we're trying to make the environment more wholesome – the customer needs to be enlightened more about what the pharmacist can help them with. A pharmacy has to meet a great deal these days and owners must consider what they can offer. Therefore the full package – including for DDA, a consultation area, clear signage and knowledgeable, presentable staff – is very important. It is about style and professional levels of service. However, given the pharmacy location you have to be careful about the degree of change needed. It is always pleasing to see a refurbished pharmacy with that increased appeal and business.

Continued on page 44



"The run up to Christmas is hectic and I'm struggling to balance work with my social life. I'm feeling a bit stressed and as a result I have started to suffer from heartburn. Can you recommend something to take away the discomfort; it seems to get worse at night?"

A Heartburn is a form of indigestion which is characterised by a burning pain behind the sternum and tends to be caused by reflux of the acidic stomach contents into the oesophagus.

This reflux into the oesophagus makes the mucus membrane irritated and inflamed, which in turn causes a burning pain in the centre of the chest. Stress can exacerbate the symptoms as can exercise, lying down, eating large meals especially late at night, tight clothes and smoking. It's not surprising that people may suffer more over the festive season.

Patients tormented by heartburn may also have several other indigestion symptoms such as acid at the back of the throat and nausea. Therefore, it may be helpful to recommend a multi-symptom product that combats several common upper gastrointestinal (GI) indicators.

Pepto-Bismol is a multi-symptom remedy for most common GI complaints. It gets to work fast on heartburn but can also treat some other signs of indigestion or over-indulgence simultaneously. Pepto-Bismol's active ingredient, Bismuth Subsalicylate, works directly on the GI tract and offers effective, rapid relief due to its unique triple action formula.

Pepto-Bismol's demulcent base has a coating action which soothes and protects the GI tract against further irritation. This can provide rapid relief from heartburn and other indigestion symptoms without interfering with the stomach's natural digestive processes.

Nausea, an upset stomach and diarrhoea may also occur with heartburn. Pepto-Bismol treats diarrhoea by inhibiting the cause of infection by its anti microbial action.

Bismuth Subsalicylate, the active ingredient in Pepto-Bismol works by inactivating bacteria that causes diarrhoea and stomach upsets as well as reducing fluid flow into the GI tract via its anti-secretory action by inhibiting prostaglandin synthesis. In this way Pepto-Bismol helps treat the root cause of the problem.

All this combined means that Pepto-Bismol's unique active and triple action formula can treat heartburn along side other upset stomach symptoms and gives fast, effective relief without the need to take several medicines.

SHOP PRESS Look out for Pepto-Bismol on PharmaSites across the country

Abbreviated Prescribing Information for Pepto-Bismol
Active ingredient: Bismuth Subsalicylate 1.75g %w/w
Indications: For heartburn, upset stomach, indigestion and nausea. Controls common diarrhoea. Dosage and administration: Adults 16 and over: 30ml (6 x 5ml spoonfuls). Repeat dosage every half to one hour if needed. No more than 8 doses to be taken in 24 hours. Contraindications: Patients sensitive to aspirin. Precautions, side effects and warnings: Not to be taken with aspirin. Pepto-Bismol should not be used by those aged under 16 due to a possible association between salicylates and Reye's syndrome, a very rare but very serious

disease. Use in pregnancy should be made 1 day with caution in patients taking anti-coagulants or who are at risk of diabetes or gout. May cause a temporary discolouration of the tongue and/or stool. If symptoms persist for more than 2 days a doctor should be consulted. Do not exceed the stated dose. Keep all medicines away from children. Product licence number: PL 00000. Product licence holder: Procter & Gamble (Consumer Care) Limited, Rusham Park, Whitehall, Uxbridge, Surrey, TW20 9NW. Legal category: P. Price: £2.54 (120ml), £3.8 (240ml), £5.5 (360ml). Date of preparation: May 2011.

Some pharmacies unfortunately have left their premises too long without sufficient changes; for example we do not want to see curled up carpets etc, giving poor interior and exterior images. The whole environment should be about providing the right balance between OTC and dispensing and assessing what the customer needs.

Also "in" are new shop fronts. The NPA is getting a lot of enquiries and we are seeing good zappy designs and colours. Also enquiries are increasing regarding extensions and conversions, for added space which are linked to the contract.

The contemporary look with strong graphics, nice floors and good lighting (overall and accent) is very popular. However, one or two pharmacies still suit the more traditional look, with that cream finish.

Q What services are available to help pharmacists plan and execute their shopfitting?

A In early January, the NPA will launch a 12-page guide to shopfitting support to meet accreditation level two; this will be

sent to NPA members. It will focus primarily on community pharmacy, but will help those who work in multiples too.

It will contain choices of enclosures and other products, at a variation of prices and local and non-local fit-outs. The NPA is launching this service in conjunction with shopfitters, because many pharmacists will be only looking for a consultation area. The guide will contain details of five shopfitters in England, who will cover all areas of the country.

It's not going to be easy just converting each shop to have a consultation area, but we believe we will have the ability to address most needs. However, if the pharmacist is looking for a full refit incorporating the consultation requirements, we will offer our standard service for this.

Q What elements of pharmacy design have you found most or least effective?

A The two things that make the most difference to a pharmacy are lighting and the floor finish. Often, the level of

lighting in pharmacies is too low. It encourages a greater amount of theft and customers are not encouraged to make purchases. Good lighting is one thing that can certainly be more effective.

Moreover, the floor finish is important; 85 per cent of the time some form of tiling or vinyl is the most appropriate. Although this is changing to include ceramic tiles (in some premises).

Just think of all the TV programmes that are getting people interested in design. Transposing this to the retailing environment means that customers are becoming more aware of interior styles and thereby their expectations are now greater than at any other time.

As a result it is increasingly important to consider the look that meets today's images, while always giving consideration to both the pharmacy location and customer profile.

However, glass, hard surfaces and floors create problems with acoustics – so be aware of this factor and consider what impact this might create when having your pharmacy refurbished.

Pharmacy groups' views

Multiples and virtual chains offer their opinions on shopfitting and the new contract

Nucare

Nucare's commercial manager Alan Turner says: "Nucare's design for professional consultation areas includes the following criteria:

- The area must be large enough to house two chairs and a small table for equipment;
- It must be private enough to protect customer confidentiality while still being public enough to provide individual comfort;
- Given pharmacy's need to maximise square footage, two areas need to be developed – a static area and a moveable area."

Nucare's design encompasses all of these requirements via an area which is approximately 1.95m high with the capacity to seat two people, plus table and chairs with the end result of an open-ended unit having a minimum footprint of 2.25sq m. Nucare's

design is available either as a permanent fitting or on castors so it can be folded away after use. The screens are made of opaque acrylic so the patient has privacy but can be seen in outline from the shop. The unit is branded with the Nucare logo to enhance Nucare's overall branding imagery.

Numark

Numark has recommended to its pharmacists that their pharmacies should have a seated consultation area as a minimum.

Numark professional services controller Mimi Lau says: "In an ideal world a pharmacy would need a private room with a sink – to allow near patient testing and screening services to be carried out. You also need to think about room – and the appropriate points – for a PC or laptop which is linked to the

dispensary PMR for accessing patient records (and eventually linked up to NHSnet). I see pharmacists developing into specialists in the future and they will be involved in areas such as full medication reviews and independent prescribing. I think they will not be involved in the dispensing process at all – this will be done by technicians.

"Of course, for pharmacists to deliver tier two of the new contract and be paid for this, the consultation area must satisfy the three minimum criteria:

- Signposted – a designated consulting area;
- Secret – the patient and pharmacist can do the consultation without being overheard;
- Seated – the area must have seating facilities to allow a medication review to take place."

Retail services manager Simon Hare says: "We can help take the hassle out of refits,



The manufacturer's view

Recent research by supplement manufacturer Seven Seas has found poor fixtures and cluttered display can deter customers from parting with their hard-earned cash.

Focusing its research on the vitamins, minerals and supplements (VMS) sector, Seven Seas found that VMS fixtures and the product choice confuse 62 per cent of customers. Of these, 54 per cent would rather leave the shop than ask for advice. Naturally this concerns the manufacturer, but pharmacists too can learn from the research.

Seven Seas MD Tom Hardman has some advice:

- firstly, shoppers recognise key brands as signposts to the category;
- ensure fixture layout is simple, logical and compatible with how customers currently shop;
- ensure product groups are displayed clearly; and
- remember that customers look first for product category, then beacon brands, then the product's benefit, finally the format, pack size and dosage.

which is one of the advantages of being a Numark member. We project manage the whole thing free of charge and the team has 40 years of pharmacy experience between us. We are therefore well equipped to advise you on all aspects of your refit – we know what does and doesn't work and we are up to date on modern methods of making the best use of your space in terms of practicality as well as design and profitability.

"The 'one size fits all' approach is not appropriate in independent pharmacy as no two shops are the same. So, if you like the look of someone else's shop, by all means take the core elements but remember your location is different and therefore your customer base; you may deal with many more or fewer prescriptions, and different elements of the business may provide your profitability.

"This is why at Numark we are now applying geodemographics to shopfitting as well as other areas of the business."

One of the biggest mistakes people can make, according to Mr Hare, is choosing impractical materials. "Fixtures and fittings must be easy to deal with and maintain. For instance, glass may look good when it is new, but it is difficult to keep clean and can easily be broken or chipped. We like to use white as it looks professional but we are now incorporating coloured lighting which can draw highlight products or different areas of the retail environment. A blue wash is currently popular."

Mr Hare added: "At the moment we are dealing with a lot of people who have had a refit in the past but now want a consultation area. I would urge people to think soon about how they adapt their environment for the new contract. We have seen much greater demand in recent months and there's bound to be an increase in the coming months, so start thinking now otherwise you may not be able to deliver new services as quickly as you would like."

Superdrug

Superdrug is currently rebranding about 80 pharmacies nationwide. The remainder (Superdrug currently has 225 in-store pharmacies) will be done next year. Consultation rooms will allow the company to provide services under advanced and enhanced tiers of new pharmacy contract. David Clark, Superdrug's superintendent pharmacist, said: "We are revamping our 200 plus pharmacies



Superdrug's Milton Keynes pharmacy was one of the company's first branches to undergo a refit which includes a consultation area

We are revamping our 200-plus pharmacies over the next few months with the new contract very much to the fore

over the next few months with the new contract very much to the fore. In particular, all our pharmacies will include a consulting room, except in those few cases where this is a physical impossibility.

"This will allow us to extend our range of public health initiatives, such as cholesterol and blood pressure testing, smoking cessation programmes and flu clinics.

"We are keen to work with local PCTs in developing services which meet local needs, as our customers clearly want more of these services to be available from their local Superdrug pharmacy."

Vantage

Two Vantage pharmacists relocated their pharmacy in Methyrd Tydfil to take advantage of the new contract, but this isn't

necessarily the best option for everyone.

"We felt there was no point introducing these new and extended services and more choice and variety without being able to show off our wares to the best possible advantage," says Mark Griffiths, co-owner of Walter's Pharmacy.

Vantage's refit specialists offered advice on how best to equip the pharmacy and lay out the floor area, while providing space for a private consultation area, which is necessary for the services they wish to provide. Mr Griffiths explains: "We are taking virtually the whole of the Vantage Health Watch medicines management package, including blood glucose monitoring, smoking cessation, weight control and dietary advice, travel health and, fortunately, cholesterol screening."

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Monica Rishi



Peter Glover

ATI Pharmaceuticals has announced the appointment of **Monica Rishi** as services support manager.

Working within the pharmacy marketing team, Ms Rishi's responsibilities include overseeing Vantage's category management and merchandising programmes, and looking at ways of developing pharmacy premises and solutions to fulfil the new contract requirements.

Peter Glover, superintendent pharmacist of the Day Lewis chain, has been promoted to managing director of Day Lewis Retail.

Alan Burns has been named

service implementation director to the National Programme for IT into the NHS. The role is a 15-month secondment combining three days a week at NPfIT with Mr Burns's existing position as

Trent Strategic Health Authority chief executive.

SSL International has appointed **Susan Murray** as non-executive director, effective from January 1. Until earlier this year, Ms Murray was Littlewoods Stores' chief executive and was previously worldwide president and chief executive officer of the Pierre Smirnoff Company for drinks manufacturer Diageo Plc.

Old Trafford abseil makes £1,000

Pharmacist Fazaz Letif has raised around £1,100 after completing a 100ft abseil down the side of a stand at Manchester United's Old Trafford football ground.

The September 5 stunt was the latest in a series of challenges the pharmacist from Grange Pharmacy in Blackpool has completed for the Cystic Fibrosis Trust.

The charity was chosen by fellow abseiler and locum pharmacist Shahid Mahmood, whose daughter Aamina has the condition. Previous feats undertaken by the pharmacists and two other team members have included a Blackburn to Blackpool cycle ride and a parachute jump.

Mr Letif said: "The worst part is actually going over the top of the building. Your instructor is



Pharmacy software company Positive Solutions donated £50 to the charity kitty. Sales representative Emma Powell (left) visited Blackpool's Grange Pharmacy last month to present pharmacist Fazaz Letif with the cheque

saying 'go' but your brain says 'don't do it!'"

ASA slaps NMA's wrists

Avid readers may remember a *C&D Backissues* article calling for the Advertising Standards Agency to look at an advert run in the Sunday newspapers for NMA Fematol (*C&D*, August 21, p42).

The ad in the *Sunday Telegraph* featured a woman, naked except for extensive tattoos, and a pack of NMA Fematol with the tagline "The first pain reliever especially formulated for women." All became clear when the ad turned out to be publicising some research commissioned by the Newspaper



Marketing Agency (yes, the NMA).

It appears *C&D* wasn't the only one to voice concerns. The MHRA complained to the ASA that the ad was "misleading and irresponsible" in its use of a fictitious medicine to support the advertisers' service. The ASA upheld

these comments, saying the ad should have been presented in a manner that made it clear the product was a spoof to avoid consumers being misled.

The upshot of this? Well, the ASA has asked the NMA to use a different approach in the future. That's them told, then.

A charity has been set up to manage the donation and delivery of medical products to developing countries. To mark the launch of International Health Partners UK earlier this month, UniChem awarded a travel package combining business and leisure to its UK president and strategy head Mark Stephenson, and Dr Shella...



The charity has a value of over £2,000 for use in Bangladesh. Pictured at the launch (from the left): IHP UK president Anthony Dunnett, UniChem UK president and strategy head Mark Stephenson, and Dr Shella...

Make mine a small one, barman

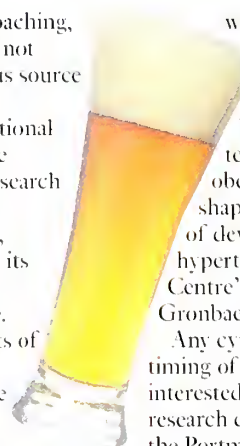
With Christmas approaching, Danish scientists may not appear to be an obvious source of festive cheer.

But according to national newspaper reports, the Centre for Alcohol Research in Copenhagen has recommended regular, moderate drinking for its beneficial effect on coronary heart disease. That's one or two units of alcohol a day on five days a week for anyone needing clarification on what exactly constitutes regular moderate drinking.

However, the researchers

warned against over-indulgence, saying binge drinkers are more prone to serious ill health because they tended to be abdominally obese. People with an 'apple shape' are at higher risk of developing stroke, hypertension and diabetes, the Centre's Professor Morton Gronback said.

Any cynics wondering at the timing of this news may be interested to know that the research details were reported to the Portman Group. And who are they? A body promoting responsible drinking funded by... the drinks industry.



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